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## DISTRIBUTION OF HEALTH SERVICES IN THE STRUCTURE OF STATE GOVERNMENT

### CHAPTER VI—MEDICAL AND DENTAL CARE BY STATE AGENCIES— Continued\*

By JOSEPH W. MOUNTIN, *Assistant Surgeon General*, and EVELYN FLOOK, *United States Public Health Service*

#### MEDICAL CARE FOR GENERAL AND ALLIED SPECIAL<sup>4</sup> CONDITIONS

Programs of medical care which, for expediency, have been categorized as general and allied special include those offering treatment for either acute or chronic illnesses, irrespective of whether general or highly specialized medical or surgical care may be involved. The chief distinction between programs of medical care described as "general" and those listed as "allied special" is that each of the illnesses of the latter group is sufficiently prevalent or sufficiently serious to have aroused attention to itself as a particular problem demanding intensified action. Because of the inherent relationship between medical care classified as "general" and that termed "allied special" it seems appropriate to present first, certain broad information pertinent to the combined programs, and later, a more detailed breakdown designed to separate the facts applicable to general medical care from those which especially pertain to the several allied special conditions.

The various State agencies which participate in providing for the medically indigent any medical care classified as general or allied special are identified in table 3. From this tabulation may be obtained an over-all view of the differences which exist among the States from the standpoint of variation in types of agencies responsible for some portion of the State medical care scheme, and of the dispersion or concentration of responsibility. Association of the separate organizations and the identical conditions with which each is concerned is reserved for table 4. This latter table is constructed to portray a State-by-State picture of the exact function of each agency with respect to discrete problems of medical care and definitive measures

\* The first section of this chapter, Psychiatric Services, was published in the PUBLIC HEALTH REPORTS 57: 1195-1209 (August 14, 1942).

<sup>4</sup> Allied special conditions include crippling conditions of children, cancer, pneumonia, and eye disorders.

for affording service. The discussion which follows will amplify entries appearing in both tables.

TABLE 3.—Official State agencies participating in medical care for general and/or allied special\* conditions in each State and Territory, the District of Columbia, and the Virgin Islands\*\*

State or Territory	Department of State government								
	Health	Welfare, social security, or public assistance	Education	Special board or commission	Board of control, department of State institutions, hospital commission	Independent State hospital	State university or college	State legislature	Other
Alabama.....	X	X	X				X		X
Arizona.....	X	X					X		
Arkansas.....	X	X					X		
California.....	X	X					X		
Colorado.....	X	X							
Connecticut.....	X	X		X				X	
Delaware.....	X								
District of Columbia.....	X		X	X					
Florida.....	X		X	X					
Georgia.....	X	X	X						
Idaho <sup>a</sup> .....	X								
Illinois.....	X	X		X			X	X	X
Indiana.....	X	X	X				X		
Iowa.....	X	X	X	X <sup>b</sup>			X		X
Kansas.....	X	X		X			X		
Kentucky.....	X		X	X					
Louisiana.....	X	X	X			X <sup>c</sup>	X	X	
Maine <sup>a</sup> .....	X	X							
Maryland.....	X	X				X	X	X	
Massachusetts.....	X	X	X						
Michigan.....	X	X		X <sup>b</sup>			X		
Minnesota.....	X	X	X				X		
Mississippi.....	X	X	X	X	X <sup>b</sup>		X		
Missouri.....	X		X	X					
Montana.....	X	X	X						
Nebraska.....	X			X	X				
Nevada.....	X								
New Hampshire.....	X	X	X	X					
New Jersey.....	X	X		X					X
New Mexico.....	X	X				X		X	
New York.....	X	X	X						
North Carolina.....	X		X	X		X			
North Dakota.....	X	X		X					
Ohio.....	X		X	X			X		X
Oklahoma.....	X	X		X	X		X		
Oregon.....	X	X							X
Pennsylvania.....	X	X	X						
Rhode Island.....	X	X							X
South Carolina.....	X		X						
South Dakota.....	X	X							
Tennessee.....	X	X	X						
Texas.....	X	X	X				X		
Utah.....	X	X		X					
Vermont.....	X	X		X			X		
Virginia.....	X	X	X	X			X <sup>b</sup>		
Washington.....	X	X							
West Virginia.....	X	X <sup>b</sup>	X		X				
Wisconsin.....	X	X	X	X			X		
Wyoming.....	X		X						
Alaska.....	X	X							
Hawaii.....	X	X	X						
Puerto Rico.....	X								
Virgin Islands.....	X								

\*Allied special conditions include crippling conditions of children, cancer, pneumonia, and eye disorders.

\*\*Any differences between information presented in this table and corresponding entries in table 1, ch. I, of this series are the result of combining several activities originally shown separately, or of further refinement of the data since publication of the initial article.

<sup>a</sup> The department of health is really a division (Idaho) and bureau (Maine) of public health, subordinate to the department of welfare (Idaho) and the department of health and welfare (Maine).

<sup>b</sup> Two separate agencies of this classification participate in some form of general or allied special medical care.

<sup>c</sup> Three separate agencies of this classification participate in some form of general or allied special medical care.



TABLE 4.—Department of State government\* responsible for specific activities in providing medical care for general and allied special\*\* conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands.

Activity	State or Territory							
	Alabama	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	District of Columbia
<b>GENERAL MEDICAL CARE OF THE NEEDY:</b>								
Promotes local programs of medical care.....	2							
Supervises and/or provides consultation service to local organizations.....	2		2	2	2			
Distributes and/or administers financial grants-in-aid:								
For general home and office care—								
Through general relief funds to local units.....					2	2		
Through specific funds to local units.....	2							
For general hospital care—								
Through general relief funds to local units.....					2	2		
Through specific funds to local units.....	2							
Through subsidy to or contract with local hospitals.....			2			8		
Operates a direct service program:								
Furnishes or directly finances home and office care.....	2 <sup>a</sup>							
Provides general clinic service for ambulatory patients.....			7	7	7			
Operates general hospitals.....			7	7	7			
Provides free ambulance service.....								
Maintains special facilities for medical care of migratory laborers.....				1, 2				
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services.....	3							
Renders additional service not covered in this classification.....			2	2				
<b>SERVICES FOR CRIPPLED CHILDREN:</b>								
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions.....	3	2	2	1	1	1	1	
Supervises and/or provides consultation service to local organizations.....	3		2	1	1		1	
Distributes and/or administers financial grants-in-aid:								
For local crippled children's clinics.....				1		2 <sup>a</sup>		
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis.....	3	2	2	1	1	1, 2		
For convalescent home care.....	3		2	1	1	1		
Operates a direct service program:								
Operates diagnostic clinics.....	3	2	2	1	1, 7	1	1	
Operates treatment clinics.....	3	2		1		1		
Provides nursing service for case-finding and follow-up.....	1	2		1	1	1	1	
Provides braces and other orthopedic appliances.....	3	2	2	1	1 <sup>f</sup>	1		
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis.....					7			
Provides post-hospital treatment (physical therapy).....	3	2	2	1	1	1		
Renders additional service not covered in this classification.....								
<b>CANCER SERVICE:</b>								
Requires cancer morbidity reporting by law or regulation.....			1				1	
Conducts or participates in educational programs for early diagnosis.....	1		1		1	1		
Distributes and/or administers financial grants-in-aid:								
For local cancer clinics.....								
For hospitalization of cancer patients.....								

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued.

Activity	State or Territory						
	Alabama	Arizona	Arkansas	California	Colorado	Connecticut	Delaware District of Columbia
<b>CANCER SERVICE—Continued.</b>							
Operates a direct service program:							
Operates cancer diagnostic clinics			7		7		
Operates cancer treatment clinics			7				
Provides free tissue diagnostic service	7 <sup>i</sup>		1, 7		7 <sup>i</sup>		
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis			7		7		
Engages in cancer research and/or special studies						1	
<b>PNEUMONIA SERVICE:</b>							
Trains physicians and/or laboratory technicians in pneumonia work					1	1	1
Does pneumococcus typing	1				1	1	1
Makes chemical blood determinations (sulfonamides)							1
Distributes free diagnostic serum					1	1	1 <sup>f</sup>
Distributes free therapeutic serum					1		1
Distributes free drugs for treatment of pneumonia					1	1 <sup>f</sup>	1
<b>PREVENTION AND CARE OF BLINDNESS:</b>							
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of newborn	1	1	1	1 <sup>k</sup>	1	1	1
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum	1		1	1	1	1	1
Operates refraction clinics	9 <sup>j</sup>				1, 7		
Operates trachoma clinics			1, 2				
Finances individual ophthalmological examinations or eye treatment service for the needy			2			4	
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases)	2 <sup>i</sup> , 9 <sup>j</sup>		2		1, 2, 7	4	1
Makes special studies to determine causes of blindness						4	
Operates or subsidizes sight-saving classes						3	1, 3

Activity	State or Territory						
	Florida	Georgia	Idaho *	Illinois	Indiana	Iowa	Kansas Kentucky
<b>GENERAL MEDICAL CARE OF THE NEEDY:</b>							
Promotes local programs of medical care				2	2 <sup>b</sup>		2
Supervises and/or provides consultation service to local organizations					2 <sup>b</sup>	2	2
Distributes and/or administers financial grants-in-aid:							
For general home and office care—							
Through general relief funds to local units				2	2 <sup>b</sup>	2	2
Through specific funds to local units							
For general hospital care—							
Through general relief funds to local units				2			2
Through specific funds to local units							
Through subsidy to or contract with local hospitals							
Operates a direct service program:							
Furnishes or directly finances home and office care						2 <sup>a</sup>	

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory							
	Florida	Georgia	Idaho *	Illinois	Indiana	Iowa	Kansas	Kentucky
<b>GENERAL MEDICAL CARE OF THE NEEDY—Continued.</b>								
Operates a direct service program—Continued.								
Provides general clinic service for ambulatory patients.				2 <sup>d</sup> , 7 <sup>d</sup>	7	7	7	
Operates general hospitals.				2 <sup>d</sup> , 7 <sup>d</sup>	7	7	7	
Provides free ambulance service.						7		
Maintains special facilities for medical care of migratory laborers.								
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services.	3			9		4	2	
Renders additional service not covered in this classification.						2		
<b>SERVICES FOR CRIPPLED CHILDREN:</b>								
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions.	4	1, 2, 3	1	2, 4	2	3		4
Supervises and/or provides consultation service to local organizations.	4	2, 3	1	2 <sup>f</sup> , 4 <sup>f</sup>	2		4	4
Distributes and/or administers financial grants-in-aid:								
For local crippled children's clinics.				2			4	
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis.	4	2	1	2	2		4	4
For convalescent home care.	2	2	1	2		3		
Operates a direct service program:								
Operates diagnostic clinics.	4	2	1	2	2, 7	3, 7	4	4
Operates treatment clinics.	4		1		2, 7	3, 7	4	
Provides nursing service for case-finding and follow-up.	4	2	1	2	2	3	4	4
Provides braces and other orthopedic appliances.	4	2	1	2	7	3	4	4
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis.				2, 7	7	7	7	
Provides post-hospital treatment (physical therapy).	4	2	1	2	7	7	7	4
Renders additional service not covered in this classification.	3			9	3	9		
<b>CANCER SERVICE:</b>								
Requires cancer morbidity reporting by law or regulation.	1						1	
Conducts or participates in educational programs for early diagnosis.		1	1		1	1	1	
Distributes and/or administers financial grants-in-aid:								
For local cancer clinics.		1				1		
For hospitalization of cancer patients.		1						
Operates a direct service program:								
Operates cancer diagnostic clinics.						7	7	
Operates cancer treatment clinics.						7	7	
Provides free tissue diagnostic service.		1			1, 7			
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis.						7	7	
Engages in cancer research and/or special studies.		1			7			
<b>PNEUMONIA SERVICE:</b>								
Trains physicians and/or laboratory technicians in pneumonia work.			1	1	1	1		
Does pneumococcus typing.		1	1	1	1		1	1 <sup>f</sup>
Makes chemical blood determinations (sulfonamides).				1			1	
Distributes free diagnostic serum.		1		1 <sup>f</sup>		1	1	
Distributes free therapeutic serum.				1	1	1		
Distributes free drugs for treatment of pneumonia.				1		1 <sup>f</sup>	1	

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory						
	Alabama	Arizona	Arkansas	California	Colorado	Connecticut	Delaware
PREVENTION AND CARE OF BLINDNESS:							
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of newborn.....	1*	1	1	1		1	1
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum.....	1	1		1	1	1	1
Operates refraction clinics.....				2		7	
Operates trachoma clinics.....				2			1
Finances individual ophthalmological examinations or eye treatment service for the needy.....					2	2, 4†	2
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases).....				2	2	2, 7	2
Makes special studies to determine causes of blindness.....					2	2	2
Operates or subsidizes sight-saving classes.....				8	2		2
							3
Activity	State or Territory						
	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi
GENERAL MEDICAL CARE OF THE NEEDY:							
Promotes local programs of medical care.....			2		2	2	
Supervises and/or provides consultation service to local organizations.....			2	2	2	2	
Distributes and/or administers financial grants-in-aid:							
For general home and office care—							
Through general relief funds to local units.....	2	2	2	2	2	2	
Through specific funds to local units.....							
For general hospital care—							
Through general relief funds to local units.....			2				
Through specific funds to local units.....							
Through subsidy to or contract with local hospitals.....	6, 8	2	8			2 <sup>c</sup>	5
Operates a direct service program:							
Furnishes or directly finances home and office care.....						2 <sup>e</sup>	
Provides general clinic service for ambulatory patients.....	6 <sup>e</sup>		7	2	7	7	5
Operates general hospitals.....	6 <sup>e</sup>		6, 7	2	7	7	5
Provides free ambulance service.....	6 <sup>e</sup>						
Maintains special facilities for medical care of migratory laborers.....						1, 2	
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services.....	3				4	3	4
Renders additional service not covered in this classification.....				1			
SERVICES FOR CRIPPLED CHILDREN:							
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions.....	1	1	1		4		3
Supervises and/or provides consultation service to local organizations.....	1	1	1		4	2	3

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

	State or Territory							
Activity	Louisiana	Maine •	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri
<b>SERVICES FOR CRIPPLED CHILDREN—Con.</b>								
Distributes and/or administers financial grants-in-aid:								
For local crippled children's clinics.....					4			
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis.....	1	2	1	1	4	2	3	7
For convalescent home care.....		1		1			3	7
Operates a direct service program:								
Operates diagnostic clinics.....	1, 6	1	1	1	4	2, 7	3	7
Operates treatment clinics.....	6	1	1		4	7	3	7
Provides nursing service for case-finding and follow-up.....	1	1		1	4	2	3	7
Provides braces and other orthopedic appliances.....	1	1	1	1	4	2	3	7
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis.....	6			2		2, 7		
Provides post-hospital treatment (physical therapy).....	1, 6			1	4	2, 7	3	7
Renders additional service not covered in this classification.....				3				
<b>CANCER SERVICE:</b>								
Requires cancer morbidity reporting by law or regulation.....	1						1	
Conducts or participates in educational programs for early diagnosis.....	1			1	1	1	1	1, 4
Distributes and/or administers financial grants-in-aid:								
For local cancer clinics.....				1				
For hospitalization of cancer patients.....								
Operates a direct service program:								
Operates cancer diagnostic clinics.....	6 <sup>b</sup>			1		7		4
Operates cancer treatment clinics.....	6 <sup>b</sup>			1		7		4
Provides free tissue diagnostic service.....	1, 6 <sup>b</sup>			1	1, 7	7 <sup>1</sup>		4 <sup>1</sup>
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis.....	6 <sup>a</sup>			1		7		4
Engages in cancer research and/or special studies.....				1		7		4
<b>PNEUMONIA SERVICE:</b>								
Trains physicians and/or laboratory technicians in pneumonia work.....	1, 7		1	1	1			1
Does pneumococcus typing.....	1	1	1	1	1	1	1	1
Makes chemical blood determinations (sulfonamides).....	1							
Distributes free diagnostic serum.....	1	1		1	1		1	1
Distributes free therapeutic serum.....	1	1	1	1	1	1	1	1
Distributes free drugs for treatment of pneumonia.....	1		1			1	1	1
<b>PREVENTION AND CARE OF BLINDNESS:</b>								
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of new born.....	1	1	1 <sup>k</sup>	1 <sup>k</sup>	1	1	1	1
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum.....	1	1	1	1	1	1	1	1
Operates refraction clinics.....	6 <sup>a</sup>					7		
Operates trachoma clinics.....								1
Finances individual ophthalmological examinations or eye treatment service for the needy.....								
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases).....	6 <sup>a</sup>	2 <sup>1</sup>		2	2 <sup>1</sup>	2, 7	2	1
Makes special studies to determine causes of blindness.....				2	2			
Operates or subsidizes sight-saving classes.....				3		3		

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory						
	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York North Carolina
<b>GENERAL MEDICAL CARE OF THE NEEDY:</b>							
Promotes local programs of medical care.....				2	2	2	2
Supervises and/or provides consultation service to local organizations.....	2			2	2	2	2
Distributes and/or administers financial grants-in-aid:							
For general home and office care—							
Through general relief funds to local units.....	2					2	2
Through specific funds to local units.....				2 <sup>a</sup>	2		
For general hospital care—							
Through general relief funds to local units.....	2					2	2
Through specific funds to local units.....				2 <sup>a</sup>	2		1
Through subsidy to or contract with local hospitals.....						8	1
Operates a direct service program:							
Furnishes or directly finances home and office care.....							
Provides general clinic service for ambulatory patients.....						6	
Operates general hospitals.....							
Provides free ambulance service.....							
Maintains special facilities for medical care of migratory laborers.....					1		
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services.....	3	4		3	9		3
Renders additional service not covered in this classification.....					2		1
<b>SERVICES FOR CRIPPLED CHILDREN:</b>							
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions.....		5	1	1	4	2	1
Supervises and/or provides consultation service to local organizations.....	2	5	1	1	4	2	1
Distributes and/or administers financial grants-in-aid:							
For local crippled children's clinics.....							
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis.....	2	5	1	1	4		3
For convalescent home care.....	2	5	1		4		1
Operates a direct service program:							
Operates diagnostic clinics.....	2	5	1	1	4	2	1
Operates treatment clinics.....		5	1	1		2	1
Provides nursing service for case-finding and follow-up.....	2	5	1	1	4	2	1
Provides braces and other orthopedic appliances.....	2	5	1	1	4	2	1
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis.....		5				2	1
Provides post-hospital treatment (physical therapy).....	2	5		1	4	2	1
Renders additional service not covered in this classification.....				3			
<b>CANCER SERVICE:</b>							
Requires cancer morbidity reporting by law or regulation.....	1			1		1	1
Conducts or participates in educational programs for early diagnosis.....	1			4	1		1
Distributes and/or administers financial grants-in-aid:							
For local cancer clinics.....							1
For hospitalization of cancer patients.....				4			

See footnotes at end of table.



TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory							
	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina
<b>CANCER SERVICE—Continued.</b>								
Operates a direct service program:								
Operates cancer diagnostic clinics.....				4			1	
Operates cancer treatment clinics.....							1	
Provides free tissue diagnostic service.....				4			1	
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis.....								
Engages in cancer research and/or special studies.....							1	
<b>PNEUMONIA SERVICE:</b>	1				1		1	
Trains physicians and/or laboratory technicians in pneumonia work.....	1			1	1		1	
Does pneumococcus typing.....	1 <sup>1</sup>			1	1	1	1	
Makes chemical blood determinations (sulfonamides).....						1	1	
Distributes free diagnostic serum.....				1	1	1	1	
Distributes free therapeutic serum.....				1	1		1	
Distributes free drugs for treatment of pneumonia.....						1		
<b>PREVENTION AND CARE OF BLINDNESS:</b>								
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of newborn.....		1	1	1		1	1	
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum.....	1		1	1	1	1		
Operates refraction clinics.....								
Operates trachoma clinics.....								
Finances individual ophthalmological examinations or eye treatment service for the needy.....	2	5 <sup>a</sup>		2			2	
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases).....	2	5 <sup>a</sup>		2		2 <sup>1</sup>		
Makes special studies to determine causes of blindness.....	2			2	1		2	
Operates or subsidizes sight-saving classes.....							3	3, 4

Activity	State or Territory							
	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota
<b>GENERAL MEDICAL CARE OF THE NEEDY:</b>								
Promotes local programs of medical care	2	2		2		2		
Supervises and/or provides consultation service to local organizations	2	2		2		2		
Distributes and/or administers financial grants-in-aid:								
For general home and office care—								
Through general relief funds to local units	2	2		2		2		
Through specific funds to local units								
For general hospital care—								
Through general relief funds to local units	2	2		2		2		
Through specific funds to local units								
Through subsidy to or contract with local hospitals		2 <sup>a</sup> , 9 <sup>a</sup>			2			
Operates a direct service program:								
Furnishes or directly finances home and office care	2 <sup>a</sup>	2 <sup>a</sup>			2	2 <sup>a</sup>		2 <sup>a</sup>
Provides general clinic service for ambulatory patients		2 <sup>a</sup> , 7			2	2		

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory						
	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina
<b>GENERAL MEDICAL CARE OF THE NEEDY—Continued.</b>							
Operates a direct service program—Continued.							
Operates general hospitals		7			2	2	
Provides free ambulance service							
Maintains special facilities for medical care of migratory laborers							
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services	4				3	3	3 <sup>a</sup>
Renders additional service not covered in this classification		2			2		
<b>SERVICES FOR CRIPPLED CHILDREN:</b>							
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions	2			2			1
Supervises and/or provides consultation service to local organizations	2					1	1
Distributes and/or administers financial grants-in-aid:							
For local crippled children's clinics		2					
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis	2	2	2 <sup>b</sup> , 4	2	1, 2	1	1
For convalescent home care	2	2	4	2	1		1
Operates a direct service program:							
Operates diagnostic clinics	2	2	4, 7	2	1	1	1
Operates treatment clinics		2	4, 7				1
Provides nursing service for case-finding and follow-up		2	4	2	1	1	1
Provides braces and other orthopedic appliances	2	2	4	2	1	1	1
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis			7		1		
Provides post-hospital treatment (physical therapy)	2	2	4, 7	2	1	1	1
Renders additional service not covered in this classification		3			1	3, 9	
<b>CANCER SERVICE:</b>							
Requires cancer morbidity reporting by law or regulation					1		
Conducts or participates in educational programs for early diagnosis	1	1		1	1		1
Distributes and/or administers financial grants-in-aid:							
For local cancer clinics							1
For hospitalization of cancer patients							1
Operates a direct service program:							
Operates cancer diagnostic clinics		7		7			
Operates cancer treatment clinics		7		7			
Provides free tissue diagnostic service		7 <sup>b</sup>		7	1	1	1
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis		7 <sup>c</sup>		7	2		
Engages in cancer research and/or special studies				1, 7		1	
<b>PNEUMONIA SERVICE:</b>							
Trains physicians and/or laboratory technicians in pneumonia work	1	1	1		1		
Does pneumococcus typing	1	1	1		1	1	1
Makes chemical blood determinations (sulfonamides)	1				1	1	
Distributes free diagnostic serum	1	1			1	1	
Distributes free therapeutic serum	1		1		1	1	
Distributes free drugs for treatment of pneumonia	1		1		1		

See footnotes at end of table.



TABLE 4.—*Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued*

Activity	State or Territory							
	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota
<b>PREVENTION AND CARE OF BLINDNESS:</b>								
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of newborn.....		1	1		1	1	1	1
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum.....	1	1	1		1	1		1
Operates refraction clinics.....		4, 7 <sup>1</sup>		7				
Operates trachoma clinics.....								
Finances individual ophthalmological examinations or eye treatment service for the needy.....		2			2 <sup>1</sup>	3		2
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases).....	2 <sup>1</sup>	2, 4, 7	5, 7	7		2		
Makes special studies to determine causes of blindness.....		4		1	2	3		
Operates or subsidizes sight-saving classes.....		3		9	3			

Activity	State or Territory							
	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin
<b>GENERAL MEDICAL CARE OF THE NEEDY:</b>								
Promotes local programs of medical care.....				2				
Supervises and/or provides consultation service to local organizations.....							2	
Distributes and/or administers financial grants-in-aid:								
For general home and office care—								
Through general relief funds to local units.....		2 <sup>a</sup>			2	2	2	2
Through specific funds to local units.....								
For general hospital care—								
Through general relief funds to local units.....					2	2	2	
Through specific funds to local units.....								2 <sup>a</sup>
Through subsidy to or contract with local hospitals.....							2 <sup>c</sup>	
Operates a direct service program:								
Furnishes or directly finances home and office care.....				2 <sup>a</sup>				
Provides general clinic service for ambulatory patients.....		7			7 <sup>b</sup>		5	7
Operates general hospitals.....		7			7 <sup>b</sup>			7
Provides free ambulance service.....								
Maintains special facilities for medical care of migratory laborers.....								2 <sup>a</sup>
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services.....	3				3		2	4
Renders additional service not covered in this classification.....								2
<b>SERVICES FOR CRIPPLED CHILDREN:</b>								
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions.....	1	3	1	1	1	2		3
Supervises and/or provides consultation service to local organizations.....	1	3	1	1	1	2		3

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory							
	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin
<b>SERVICES FOR CRIPPLED CHILDREN—Continued.</b>								
Distributes and/or administers financial grants-in-aid:								
For local crippled children's clinics	1							
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis	1	3		1	1	2	2	
For convalescent home care	1		1		1		2	3
Operates a direct service program:								
Operates diagnostic clinics	1	3	1	1	1	2	2	3, 7
Operates treatment clinics	1		1	1	1	2	2	7
Provides nursing service for case-finding and follow-up	1	3	1	1	1		2	3
Provides braces and other orthopedic appliances	1	3	1	1	1	2	2	3, 7
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis			7		7 <sup>b</sup>			7
Provides post-hospital treatment (physical therapy)	1	3	1	1	1	2	2	3, 7
Renders additional service not covered in this classification					2, 3		3	
<b>CANCER SERVICE:</b>								
Requires cancer morbidity reporting by law or regulation								1
Conducts or participates in educational programs for early diagnosis	1	1		1, 4		1		1
Distributes and/or administers financial grants-in-aid:								
For local cancer clinics								
For hospitalization of cancer patients				4				
Operates a direct service program:								
Operates cancer diagnostic clinics				4	7 <sup>b</sup>			7 <sup>i</sup>
Operates cancer treatment clinics				4	7 <sup>b</sup>			7 <sup>i</sup>
Provides free tissue diagnostic service		1		4, 7				1, 7
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis					7 <sup>b</sup>			7
Engages in cancer research and/or special studies								1, 7
<b>PNEUMONIA SERVICE:</b>								
Trains physicians and/or laboratory technicians in pneumonia work		1	1		7			1
Does pneumococcus typing	1	1	1	1	1		1 <sup>f</sup>	1
Makes chemical blood determinations (sulfonamides)		1	1	7	1			
Distributes free diagnostic serum		1			1			
Distributes free therapeutic serum		1	1		1		2 <sup>i</sup>	
Distributes free drugs for treatment of pneumonia		1	1		1		2 <sup>i</sup>	
<b>PREVENTION AND CARE OF BLINDNESS:</b>								
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of newborn	1	1		1	1	1	1	1
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum	1	1		1	1		1	1
Operates refraction clinics		1		7 <sup>i</sup>	7 <sup>b</sup>			7 <sup>i</sup>
Operates trachoma clinics							1, 2	
Finances individual ophthalmological examinations or eye treatment service for the needy	1		2				2	
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases)	1, 2		2		7 <sup>b</sup>	2 <sup>f</sup>	2 <sup>f</sup>	7 <sup>i</sup>
Makes special studies to determine causes of blindness	1, 2		2, 4	2	4	2	1	
Operates or subsidizes sight-saving classes	1				4			3

See footnotes at end of table.

TABLE 4.—Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory				
	Wyoming	Alaska	Hawaii	Puerto Rico	Virgin Islands
<b>GENERAL MEDICAL CARE OF THE NEEDY:</b>					
Promotes local programs of medical care.....			1	1	
Supervises and/or provides consultation service to local organizations.....			1	1	
Distributes and/or administers financial grants-in-aid:					
For general home and office care—					
Through general relief funds to local units.....					
Through specific funds to local units.....					
For general hospital care—					
Through general relief funds to local units.....					
Through specific funds to local units.....			1		
Through subsidy to or contract with local hospitals.....		2			
Operates a direct service program:					
Furnishes or directly finances home and office care.....		2	1	1	1
Provides general clinic service for ambulatory patients.....				1	1
Operates general hospitals.....				1	1
Provides free ambulance service.....					
Maintains special facilities for medical care of migratory laborers.....					
Includes medical examination, physical restoration, and/or provision of artificial appliances in vocational rehabilitation services.....			3		
Renders additional service not covered in this classification.....			1		
<b>SERVICES FOR CRIPPLED CHILDREN:</b>					
Conducts promotional and/or educational programs regarding prevention and treatment of crippling conditions.....	1	1	1	1	
Supervises and/or provides consultation service to local organizations.....		1	1	1	
Distributes and/or administers financial grants-in-aid:					
For local crippled children's clinics.....			1		
For hospital care: Through subsidy to local hospitals or contract with local hospitals on a per diem or individual case basis.....	1	1	1	1	
For convalescent home care.....	1	1	1	1	
Operates a direct service program:					
Operates diagnostic clinics.....	1		1	1	
Operates treatment clinics.....			1	1	
Provides nursing service for case-finding and follow-up.....	1	1	1	1	
Provides braces and other orthopedic appliances.....	1	1	1	1	
Operates crippled children's hospitals or general hospitals which accept crippled children on free or part-pay basis.....				1	
Provides post-hospital treatment (physical therapy).....	1	1	1	1	
Renders additional service not covered in this classification.....			3		
<b>CANCER SERVICE:</b>					
Requires cancer morbidity reporting by law or regulation.....					
Conducts or participates in educational programs for early diagnosis.....					
Distributes and/or administers financial grants-in-aid:					
For local cancer clinics.....					
For hospitalization of cancer patients.....		2			
Operates a direct service program:					
Operates cancer diagnostic clinics.....				1 <sup>1</sup>	
Operates cancer treatment clinics.....				1 <sup>1</sup>	
Provides free tissue diagnostic service.....					
Operates cancer hospitals or general hospitals which accept cancer patients on a free or part-pay basis.....				1 <sup>1</sup>	1 <sup>1</sup>
Engages in cancer research and/or special studies.....					
<b>PNEUMONIA SERVICE:</b>					
Trains physicians and/or laboratory technicians in pneumonia work.....		1			
Does pneumococcus typing.....		1	1		
Makes chemical blood determinations (sulfonamides).....					
Distributes free diagnostic serum.....		1	1		
Distributes free therapeutic serum.....		1	1		
Distributes free drugs for treatment of pneumonia.....			1		
<b>PREVENTION AND CARE OF BLINDNESS:</b>					
Promulgates and/or enforces State laws, rules, and regulations concerning routine use of prophylactic in eyes of newborn.....	1	1	1	1	1
Distributes silver nitrate free of charge for prevention of ophthalmia neonatorum.....		1	1	1	1
Operates refraction clinics.....		1			1

See footnotes at end of table.

TABLE 4.—*Department of State government responsible for specific activities in providing medical care for general and allied special conditions of the needy in each State and Territory, the District of Columbia, and the Virgin Islands—Continued*

Activity	State or Territory				
	Wyoming	Alaska	Hawaii	Puerto Rico	Virgin Islands
<b>PREVENTION AND CARE OF BLINDNESS—Continued.</b>					
Operates trachoma clinics					
Finances individual ophthalmological examinations or eye treatment service for the needy					
Hospitalizes at State expense indigent patients needing eye operations or treatment (including trachoma cases)		2 <sup>1</sup>		1	1 <sup>1</sup>
Makes special studies to determine causes of blindness			2		
Operates or subsidizes sight-saving classes	3				

## \*Code:

1. Health
2. Welfare
3. Education
4. Special boards or commissions
5. Board of control
6. Independent State hospital
7. State university or college
8. State legislature
9. Other departments of State government

\*\*Allied special conditions include crippling conditions of children, cancer, pneumonia, and eye disorders

\* The department of health is really a division (Idaho) and bureau (Maine) of the department of welfare (Idaho) and the department of health and welfare (Maine).

<sup>b</sup> Two separate agencies of this classification participate in this activity.<sup>c</sup> For selected groups, such as categorical relief clients, or under special conditions.<sup>d</sup> The State general hospital is operated jointly by these two agencies.<sup>e</sup> Three separate agencies of this classification (administering five institutions) participate in this activity.<sup>f</sup> Not routinely, but occasionally; upon request only; as a demonstration project only; in the absence of local service.<sup>g</sup> Indirectly, through subsidy to a private hospital which operates the clinic; indirectly, by paying for service rendered privately; indirectly, through subsidy to a local subdivision.<sup>h</sup> The grant-in-aid is made to another State agency which renders direct service; the grant-in-aid is made to a voluntary agency which renders direct service.<sup>i</sup> Not specifically for this condition, but as part of the program of general medical care afforded by this agency.<sup>j</sup> For hospital patients only; for pupils of the State school for the blind only.<sup>k</sup> Law or regulation applies to midwives only or to maternity hospitals only.<sup>l</sup> Not as such, though refractions are sometimes included in the service of general "eye" clinics.

## GENERAL MEDICAL SERVICES

Departments of welfare and State university hospitals are the State agencies most frequently concerned in arrangements for general medical care, although hospital commissions, independent State general hospitals, and health departments also function for this purpose in certain jurisdictions. In the aggregate, nearly three-fourths of the States participate in some way in the provision of general medical care for the needy. Rarely, however, is home or office care administered directly by the State, except for selected groups, such as categorical relief clients. Instead, where a State agency participates it extends financial aid to local political subdivisions which, in turn, arrange for some type of direct service. As a rule, the medical care afforded is not organized as a distinct and separate entity but is merely allowed for as one item of a generalized public assistance program which also includes provision for food, shelter, and clothing.

Frequently these local programs of home and office care are not set up in a fashion sufficiently well-defined to enable the parent agency

either to describe the policies pursued or to measure the service rendered. Furthermore, within a single State there may be any number of different plans in operation. Physicians may be compensated according to a set fee schedule, they may be employed on a full- or part-time salary basis, or there may be in operation some sort of scheme whereby a central fund is built up from periodic contributions of those covered by the plan. Rates are sometimes determined by the State and sometimes by the local community. Usually the medical care contemplated is that which might be given by a general practitioner in his office, plus emergency surgery. Service is sometimes restricted to professional ministrations and sometimes extended to include drugs and supplies. Finally, economic eligibility for service is defined in such varying terms as "clients of general relief," "medically indigent," "those unable to pay privately for needed care," and "wards of the State." One State facility goes so far as to designate actual income limits, while other governmental units of the same State offer similar medical service under more general economic restrictions. Residence requirements also reflect the individuality of States and even of their subdivisions.

Because of the indirect and dissimilar administrative methods employed, less than half of the States which make financial grants for medical care through the medium of general relief possess records showing either the exact type of service afforded, the number of persons served, or the cost to the State of the services rendered. Besides, due to the multiplicity of practices, it is difficult for a State agency to maintain supervisory control over local systems of general medical care. Although several States require that the plans of all State-aided county services be submitted for approval before financial assistance is given, others make no attempt at formal check of local procedures. On the contrary, contact of the State agency is limited to general observation, with little cognizance of the intimate details of operation. In an effort to improve the more or less loosely knit pattern of general home and office care which is partially supported by the State, a few jurisdictions have drafted uniform plans and procedures to be followed by all local units participating in cooperative programs of general medical care. At the time these data were collected, however, the units of State government had not yet reached the point of having their proposed plans adopted by all of the local agencies involved. One State was engaged in making a careful study of its total medical care problem with a view to gradual development of more consistent policies for State-aided medical care of the needy.

Pennsylvania, the District of Columbia, the three Territories, and the Virgin Islands directly finance home and office care for indigents.

In Pennsylvania such service is provided at State expense by private practitioners who serve according to a previously established fee schedule, while in the other jurisdictions it is rendered by physicians employed at a full- or part-time salary on the staff of the administrative State agency. The Pennsylvania program includes bedside nursing as well as medical care in the home. Drugs and supplies are also furnished by the several jurisdictions which operate direct State programs of home and office care.

In two-fifths of the States some measure of medical care is provided ambulatory patients through the out-patient department of the State general hospital. More than half of these institutions are operated by the State university or college and function primarily as teaching hospitals. Presumably, any needy resident of the State who can be accommodated is eligible for service. Actually, however, there is some selectivity of patients—even within the same economic group, for the number of persons who can be accepted is limited, and those living within a short distance of any health facility naturally derive the most benefit. The function of the State agency in supplying medical care through these hospital clinics is, of course, that of direct service.

Thirty-six States reported that they participate in the provision of general hospital care, either on a free or part-pay basis, for needy bed patients. This does not mean, of course, that each of these States is equipped to hospitalize any person of the lower income brackets for whom such care might be indicated. In the States which function through direct operation of one or more general hospitals, the volume of service which can be rendered is determined by the bed capacity of these State-owned institutions. In the jurisdictions which partially finance general hospital care supplied locally, patients hospitalized are usually restricted to those requiring emergency surgery. Eight of the States which participate in furnishing general hospital care supply the service through State-operated hospitals exclusively; 12 utilize local hospitals only, and the State financially assists the local institutions which cooperate; the remaining 16 States which make some provision for general hospital care follow a combination of the two plans.

Admission to State general hospitals is usually based upon a patient's residence within a jurisdiction—sometimes for a stated period—and upon his financial inability to pay privately for the care needed. In a few instances definite income limitations are noted. As to methods of financing the cost of hospitalization, there are many and diverse procedures. In some instances, hospital care by State agencies is provided wholly at State expense. In others, the county from which a patient is admitted and the State share expenses equally. Again, the State bears a specific portion of the cost (usually one-half) and the patient, when able to do so, pays the remainder. In the event



that a patient is unable to pay his share of the bill, his county makes up the deficit. Another situation is that whereby each county is allotted a certain number of beds which may be utilized fully at State expense. When the county's quota is exceeded, hospitalization of additional patients is charged to the local community. According to still another plan, all professional services are provided at State expense, but the patient bears the cost of his room. A few State university hospitals restrict free admission to patients who fill the teaching needs of the affiliated medical schools.

Several States, notably Iowa, Louisiana, and the District of Columbia, operate a fleet of ambulances routed to all sections for free transportation of patients to and from the State hospital. In other areas transportation is dependent upon either the patient or some local agency.

State aid to local general hospitals is administered according to several distinct plans. Upon occasion, the State legislative body makes direct grants to selected local hospitals, which in turn accept free or part-pay patients. More often, such a subsidy fund is administered by the department of welfare, the health department, or the board of control. Payments are made either in a lump sum or at a stated rate per patient day and reach the hospital either directly or indirectly, through the local health or welfare organization. Funds so transmitted from the State to the local level are earmarked specifically for hospital care. Under a third system of State participation in local hospital service for the needy, no designated amount is assigned to this purpose. Hospital care is simply one item included in the general relief program, which is jointly financed by the State and county. About half of the 28 States which give some form of financial aid to local hospitals operate to some extent in the last fashion described; however, only 4 of these States rely entirely upon this system. The others, in addition, either maintain a State hospital or allocate some funds specifically for hospital care. With several exceptions, only a negligible amount of supervision is exercised by State agencies over the local hospitals to which they give financial assistance.

Besides the various direct and indirect provisions for medical care available to all persons eligible for general relief or otherwise unable to pay for necessary home, office, or hospital service, a number of States make special arrangements for selected categorical relief groups. Dependent children, recipients of old age insurance, clients of unemployment relief, and indigent blind persons are outstanding among such groups. Medical care for beneficiaries of these classes, as for general public assistance clients, is sometimes financed directly by the State and again furnished through State grants-in-aid to counties. When the latter procedure is followed, it is customary for the State to designate the actual amount which may be used for medical care.

Furthermore, in certain areas where migratory laborers have assembled, the State has initiated health services for these migrants. Such undertakings, predominantly sanitation activities, are engaged in by 11 States. Of this number, 4 jurisdictions include some measure of medical care in their health set-up for itinerant laborers. Placement of responsibility for medical aid to ill migratory workers may be determined from table 4.

Correction of physical disabilities incident to vocational rehabilitation represents still another State activity for the restoration of health to a selected population group. It is recognized, of course, that physical care is subsidiary to training, guidance, and placement in the complete vocational rehabilitation programs. The fact that practically all States participate in some sort of vocational adjustment for the disabled, but that only 8 report physical reconstruction, points to the relative weight of medical or surgical treatment in the total State plan. Physical examinations for the purpose of diagnosis are furnished by 8 additional States, however, and 23 supply prosthetic appliances for the handicapped.

#### ALLIED SPECIAL <sup>5</sup> MEDICAL SERVICES

*Services for crippled children.*—Crippled children's services have been greatly stimulated by Federal grants-in-aid made specifically for this purpose under title V of the Social Security Act of 1935. As a result of this impetus, 52 of the 53 jurisdictions under consideration operate organized programs for the care of crippled children. State programs for crippled children, which—without exception—are cooperatively financed by State and Federal funds, comprise the following major elements: Case-finding, diagnosis, treatment, and convalescent care.

Although relative uniformity obtains among the several States in program content and in definition of beneficiaries, there is considerable variation both as to the agency which is identified with the program and as to the administrative methods employed. State activities for crippled children are administered by the health department in half of the jurisdictions and by the department of welfare in one-fourth of them. A special crippled children's commission operates in 6 States while the department of education is the responsible agent of 4. Two of the remaining areas are served by a branch of the State university, and 1, by the board of control. In a number of instances, other units of State government collaborate with the department or commission primarily accountable, as may be observed in table 4. State university hospitals, in particular, render complementary services.

<sup>5</sup> See footnote 4.



Location of all crippled children in the State who are not under treatment is the first step in building a coordinated program. Surveys, reports to the central agency, and census information are used as bases for establishment of a State crippled children's register.

Clinic service for crippled children is provided by the State, either directly, by actual operation thereof, or indirectly, through financial subsidy to local subdivisions or hospitals which maintain the facilities. Table 4 indicates that the former practice is the one generally followed. Crippled children's clinics are conducted by orthopedic surgeons, who may be staff members of the administrative agency, or who may be employed on a fee or part-time salary basis. It is not unusual for clinicians even to contribute their services gratis. Whereas some clinics are held at regular and frequent intervals in permanent centers, others are served by an itinerant staff which returns to a community as seldom as once or twice a year, or which may hold only a single session at a given point. The number of itinerant staffs employed varies, as do the number of clinic centers established. Although minor dispensary service, such as application, adjustment, and removal of casts and braces, and instruction in physical therapy are offered in most clinics, actual treatment facilities for ambulatory patients are not included in many of them.

In practically all instances, nurses are attached to the staff of the administrative agency for the purpose of case-finding, stimulation of clinic attendance, and making follow-up home visits to patients after the clinic sessions. Furthermore, they act as instructors and supervisors of local public health nurses who supplement the direct service rendered by State personnel.

Outstanding among State services for crippled children is the surgical and hospital care necessary for improvement or correction of the crippling condition. The most usual plan of providing hospital care for crippled children involves an arrangement whereby State patients are admitted to local hospitals at a stipulated per diem rate, which is paid by the responsible agency. Uniform fee schedules for specific types of surgery are established, likewise. Frequently the orthopedic surgeon who conducts the diagnostic clinics also performs the operations indicated. According to some plans, his clinician's fee covers operative service as well. In 12 jurisdictions, State-owned orthopedic hospitals are utilized for crippled children served by the State, and in 7, State-controlled general hospitals admit beneficiaries of the official State crippled children's programs. State crippled children's hospitals are operated by universities, departments of welfare, and health departments, in the order of frequency listed. In one State each, a board of control and an independent board of trustees functions as the control agency. Hospitalization of crippled children in State institutions does not preclude the same jurisdiction from arranging for care of

additional patients in local hospitals. As a matter of fact, 16 States report that both systems are followed. Braces and other orthopedic appliances are consistently furnished by the State when they are not available from any other source.

Inasmuch as complete recovery from many operations for crippling conditions represents a long-term procedure, simple convalescent care may be a satisfactory substitute for hospitalization during a portion of this time. Since stay in a convalescent home is less expensive than in a hospital, this item is included in the programs of about two-thirds of the States.

Physical therapy, which may or may not include hydrotherapy for discharged hospital patients, is another step in a State's complete plan for physical rehabilitation of crippled children. Physical therapy treatments at State expense are available in most areas both to children who have returned to their own homes and to those maintained by the State in convalescent homes.

Providing vocational training, operating special schools or classes for the crippled, and supplying bedside teachers for hospital or convalescent home cases are activities closely associated with the medical programs. Notwithstanding, discussion of educational measures for the handicapped does not fall within the scope of this report.

For more detailed consideration of crippled children's programs, the reader is referred to Bureau Publication No. 258 of the United States Children's Bureau.<sup>6</sup> It must be borne in mind, however, that the Children's Bureau publication describes participation not only of official State agencies but also of collaborating local groups.

*Cancer service.*—Unlike medical services for crippled children, which were supplied by all but one jurisdiction, State provisions for cancer control were principally in a developmental stage during the survey year (1940). Twelve States reported no activities whatever for cancer control as such; functions of 6 were restricted to educational procedures or special statistical studies for determination of cancer prevalence by various types and sites in different population groups; in another, Illinois, plans for a well-organized program had been formulated, but actual operation had not begun; 2 more, the District of Columbia and Oklahoma, reported "proposed" or "contemplated" plans. For this report, however, analysis is restricted to programs which were in actual operation. In Hawaii, legislation has been enacted which charges the Territorial Board of Health with purchase and distribution of radium for the treatment of cancer. However, no action had yet been taken at the time of this survey.

In only 12 States is cancer morbidity reporting required either by law or regulation; however, 4 additional States have developed volun-

<sup>6</sup> Services for crippled children under the Social Security Act—Development of program 1936-39. Bureau Publication No. 258. Children's Bureau, U. S. Department of Labor. Government Printing Office, Washington, 1941:

tary reporting schemes. Education of the public with regard to symptoms which may be indicative of cancer and to the importance of early diagnosis usually constitutes the first step in an organized State program for cancer control. Twenty-eight health departments and three cancer commissions either singly or jointly engage in educational pursuits. Not infrequently they operate in conjunction with the Women's Field Army, a voluntary organization which directs its efforts toward reduction of cancer mortality.

The position of the health department is far less prominent with respect to provision of diagnostic and treatment facilities for needy cancer patients than with respect to participation in educational activities. Only 6 health departments either operate or subsidize diagnostic or treatment clinics and 6 afford hospitalization under one system or the other. Laboratory facilities for tissue diagnostic service (histopathologic) are available in 12 State health departments.

Medical schools or hospitals of State universities, on the other hand, concentrate on supplying actual service rather than upon promotional efforts. Nine institutions of this classification operate cancer clinics. Both clinical diagnostic and treatment services are offered by 8 of them, and diagnosis only is performed in the other. All 9 of these State universities hospitalize cancer patients. Moreover, tissue diagnostic service is furnished free of charge by 10 agencies of this type. Such service may or may not be restricted to hospital patients.

In 3 States a special cancer commission is charged with administration of a complete service program; in another, both diagnostic and treatment facilities are operated by State general hospitals administered by independent boards of trustees. Only 3 States maintain special cancer hospitals. Two of these are under health department control, and 1 is operated by a cancer commission.

Laboratory research is an important feature of 5 State cancer programs, and 7 additional States engage in research which is statistical in character only.

More recent information gathered by Scheele<sup>7</sup> points to health department progress in the field of cancer control. His article includes description of several active service programs which had not advanced beyond the "planning" stage at the time of the survey herewith reported. Also, the list of departments engaging in lay and professional education had lengthened during the short interim. In some respects, however, the present report is more comprehensive than the one dealing with later developments.<sup>7</sup> Activities of all State agencies which function in any way for cancer control are

<sup>7</sup> Scheele, Leonard A.: Present status of cancer control programs. Read before the Health Officers' Section of the American Pub. Health Assoc. at its 70th annual meeting, Oct. 15, 1941. To be published in an early issue of **PUBLIC HEALTH REPORTS**.

incorporated in this discussion, while only programs of State health departments and State cancer commissions are described in the other paper.

*Pneumonia service.*—Inasmuch as measures for the reduction of pneumonia mortality involve curative rather than preventive procedures, activities of the several States for pneumonia control are included in the discussion of medical care, instead of in chapter II of this series, which was devoted to control of general communicable diseases. Almost without exception, in States which have started pneumonia control activities such services are in the hands of the State health department. In 13 States, however, no plan has been initiated for supplying pneumonia service. The function of 4 more States is restricted to their inclusion of pneumococcus typing as part of the regular diagnostic services of the State public health laboratory.

During the survey year, most health departments which were actively engaged in pneumonia service sponsored establishment of typing stations at strategic points throughout the State. These stations were sometimes operated directly by the health department; at other times they were maintained by local health units or hospitals which received free typing serum from the State. Under one system or the other, typing service was reported by nearly three-fourths of the State health departments. In addition to furnishing typing serum for use in selected laboratories, a number of State health departments have assumed responsibility for training laboratory technicians in approved typing methods.

In view of the rapid changes in pneumonia therapy, acquaintance of general practitioners with the latest developments in diagnosis and treatment is believed to be an important step in reduction of the pneumonia mortality rate. Consequently, nearly half of the State health departments engage in educational activities for physicians.

Of the two treatment methods in use during 1940 (serum and sulfonamide compounds) serum is the older and—when data were being collected for this study—the one more commonly in use. In about one-half of the States therapeutic serum was distributed by the State health department. However, the survey year really represented a transition period in pneumonia control. At that time the advantages of treating the disease with sulfonamide preparations had not been established over a sufficient span of time to warrant its exclusive use. Even then, more than one-third of the States were supplying free sulfapyridine as well as pneumonia typing services and therapeutic serum.

Occasionally demonstration projects for local nursing groups centering about home nursing care for pneumonia patients are conducted. Likewise, a few health departments make special investigations of the recovery rate of persons treated with State-supplied materials.

Neither hospitalization, provision of oxygen, nor physician's home care is a routine feature of State pneumonia control programs.

With pneumonia control, as with all other State health activities covered by this study, there has been no attempt to analyze the volume of service afforded. Although treatment programs of the several States may be similar, the number of persons benefited thereby may vary greatly.

*Prevention and care of blindness.*—With the development of social security programs, specifically those identified with aid to the blind, the number of blind persons in need of public assistance was discovered to be of sufficient size to demand that State effort be focused upon prevention and correction of conditions leading to partial or total blindness. For years, educational and vocational training of the blind have been regarded as State responsibility. Prevention of infant blindness has received health department attention over a considerable period of time also, but entry of the State into other fields of sight conservation or restoration is relatively recent.

State health departments, without exception, now promote the instillation of silver nitrate or other acceptable prophylactics into the eyes of newborn infants. All but six States either by law or regulation require that this be done routinely, though in a few of them the requirement pertains only to births attended by midwives or to those occurring in maternity homes. Several of the remaining States have enacted legislation directing that "drops" be used whenever "presence of ophthalmia neonatorum is suspected." Even where there is no legal backing for the practice, the health department urges its use. Forty-four State health departments distribute silver nitrate free of charge to midwives and physicians practicing in their respective jurisdictions.

Another common eye disease for which several departments of health and welfare have instituted definite control programs is trachoma. Two State health departments operate hospitals for the treatment of trachoma cases exclusively, while a third finances hospital treatment of trachoma on an individual case basis. Provision of diagnostic and treatment service through trachoma clinics is reported by four health departments and three departments of welfare.

In an effort to discover remediable eye disorders which might later lead to complete loss of sight, 15 States have undertaken establishment of refraction clinics. The State university hospital operates these clinics more frequently than any other agency, though several commissions for the blind, departments of welfare, and health departments function in the same capacity. State general hospitals administered by independent boards of trustees and the State school for the blind operate refraction clinics in one jurisdiction each. In



addition to the 15 States offering clinic service, 14 more finance individual ophthalmological examinations, chiefly for persons applying for financial aid to the blind.

Hospitalization, including surgery, is afforded selected groups of patients at State expense in virtually two-thirds of the areas. Restrictions imposed for availability of hospital care vary from State to State. Circumstances under which such service is attainable in a few States with relatively well-developed programs are cited:

*Arkansas.*—If a patient's income is less than \$30 per month, hospitalization for restoration of sight and for sight conservation is provided at State expense.

*Illinois.*—Hospital service is available through the State-owned eye and ear hospital (220 beds) to any person with eye ailments who is referred by local welfare agencies.

*Iowa.*—Remedial treatment is given at State expense for any needy blind patient. The applicant has a choice of securing service either locally or at the State university hospital. Maximum payment by the State agency for local service is \$75. Approval for remedial service is given by the State consulting ophthalmologist. The patient must be referred to him by a local examining physician.

*Kansas.*—When an applicant for "Aid to the Blind" assistance is examined, any recommendations for treatment are carried out with State funds. All clients eligible for any type of public assistance are accepted for treatment also. All remedial service is subject to the approval of the State ophthalmologist.

*Mississippi.*—Surgery is afforded by the State for all eye cases who, within the judgment of the State ophthalmologist, require such treatment.

In approximately 20 percent of the States which offer hospital care for eye cases, the service represents one item of a broad program of medical care rather than a service for the blind as a special group.

#### DENTAL SERVICES

At the time of this survey the State health department with but few exceptions was giving some attention to possibilities for improving the dental health of the citizenry which it served. In addition, 10 departments of welfare, 5 State universities, 4 departments of education, and 1 State hospital board also contributed in one way or another to the total State effort to preserve or restore dental health.

A complete dental health program embraces both children and adults. While source material does not show the extent to which participating units of State government engaged in either form of service, information was obtained as to whether or not any provision was made for specific types of dentistry. In table 5 are entered the results of this inquiry.

To a marked degree, attention of the State health department is confined to children's dentistry, and educational measures constitute the framework of health department activity. Indeed, for the country as a whole, operation of direct service facilities is subsidiary to the teaching functions. Only half of the State health organizations

actually render tangible dental service, while all but six of them carry on some kind of educational activities. Moreover, a sizable portion of the States which operate service units do so only for demonstration or educational purposes.

That dental activities of State health departments are in process of expansion is indicated by comparing 1940 programs with those of 1938, as described in Public Health Bulletin No. 251.<sup>8</sup> During the 2-year interval seven departments which formerly engaged in no form of dental hygiene have introduced some type of activity, and five, which participated in educational measures only, have broadened their programs to include clinical service as well.

TABLE 5.—Department of State government\* responsible for specific dental services\*\* in each State and Territory, the District of Columbia, and the Virgin Islands

Activity	State or Territory						
	Alabama	Arizona	Arkansas	California	Colorado	Connecticut	Delaware District of Columbia
Promotes local dental health programs.....	1		1		1		
Conducts dental educational programs:							
For the general public.....	1		1	1	1	1	1
For recipients of maternity services.....				1		1	1
For preschool and/or school children.....	1		1	1	1	1	1
For dentists and/or dental hygienists.....	1		1	1			1
For school teachers and/or teacher-training students.....	1			1			1
Supervises and/or provides consultation service to local organizations.....	1			1	1		
Distributes and/or administers grants-in-aid:							
Subsidizes local dental services for children.....	1		1				
Subsidizes local dental services for adults.....							
Operates a service program:							
Makes dental surveys and/or special dental studies.....				1			1
Operates dental clinics** for children.....			1	1		1	1
Includes the following services—							
Examination.....			1	1		1	1
Prophylaxis.....			1	1		1	1
Emergency dentistry.....			1	1			1
General dentistry.....			1	1			1
Finances dental care given children in private offices.....							
Includes the following services—							
Examination.....							
Prophylaxis.....							
Emergency dentistry.....							
General dentistry.....							
Operates dental clinics** for adults.....				1 d			1 d
Includes the following services—							
Examination.....				1 d			1 d, s
Prophylaxis.....				1 d			1 d, s
Emergency dentistry.....				1 d			1 d, s
General dentistry.....							1 d, s
Finances dental care given adults in private offices.....				1 d			
Includes the following services—							
Examination.....							
Prophylaxis.....							
Emergency dentistry.....				1 d			
General dentistry.....							
Renders additional service not covered in this classification.....							1

See footnotes at end of table.

\* Cady, F. C.: Dental health organizations in State departments of health of the United States. Pub. Health Bull. No. 251. Government Printing Office, Washington, 1939.

TABLE 5.—*Department of State government responsible for specific dental services in each State and Territory, the District of Columbia, and the Virgin Islands—Continued*

Activity	State or Territory							
	Florida	Georgia	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky
Promotes local dental health programs.....	1	1		1		1	1	
Conducts dental educational programs:								
For the general public.....	1	1		1	1, 3	1, 4	1	1
For recipients of maternity services.....								
For preschool and/or school children.....	1	1		1	1	1	1	1
For dentists and/or dental hygienists.....	1	1		1	1, 4	1, 4	1	1
For school teachers and/or teacher-training students.....	1			1	1, 3	1	1	
Supervises and/or provides consultation service to local organizations.....	1	1		1		1, 4	1	
Distributes and/or administers grants-in-aid:								
Subsidizes local dental services for children.....	1					1 <sup>b</sup>	1	
Subsidizes local dental services for adults.....						1 <sup>b</sup> , 2 <sup>c</sup>		
Operates a direct service program:								
Makes dental surveys and/or special dental studies.....		1		1		1	1	
Operates dental clinics** for children.....				1	1 <sup>f</sup>	4 <sup>e</sup>		1
Includes the following services—								
Examination.....				1	1 <sup>f</sup>	4 <sup>e</sup>		1
Prophylaxis.....					1 <sup>f</sup>	4 <sup>e</sup>		1
Emergency dentistry.....					1 <sup>f</sup>	4 <sup>e</sup>		1
General dentistry.....					1 <sup>f</sup>	4 <sup>e</sup>		1
Finances dental care given children in private offices.....								
Includes the following services—								
Examination.....								
Prophylaxis.....								
Emergency dentistry.....								
General dentistry.....								
Operates dental clinics** for adults.....						4 <sup>e</sup>		
Includes the following services—								
Examination.....						4 <sup>e</sup>		
Prophylaxis.....						4 <sup>e</sup>		
Emergency dentistry.....						4 <sup>e</sup>		
General dentistry.....						4 <sup>e</sup>		
Finances dental care given adults in private offices.....								
Includes the following services—								
Examination.....								
Prophylaxis.....								
Emergency dentistry.....								
General dentistry.....								
Renders additional service not covered in this classification.....				1	4	1, 4		

See footnotes at end of table.



TABLE 5.—Department of State government responsible for specific dental services in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory						
	Louisiana	Maine <sup>a</sup>	Maryland	Massachusetts	Michigan	Minnesota	Mississippi
Promotes local dental health programs			1	1	1	1	1
Conducts dental educational programs:							
For the general public		1	1	1	1	1	1
For recipients of maternity services		1				1	
For preschool and/or school children		1	1	1	1	1	1
For dentists and/or dental hygienists		1	1	1	1	1	1
For school teachers and/or teacher-training students		1	1	1	1	1	1
Supervises and/or provides consultation service to local organizations			1	1	1	1	1
Distributes and/or administers grants-in-aid:			1				
Subsidizes local dental services for children			1 <sup>d</sup>			2 <sup>e</sup>	
Subsidizes local dental services for adults							
Operates a direct service program:							
Makes dental surveys and/or special dental studies				1		1	1
Operates dental clinics** for children	5	1	1	1 <sup>f</sup>	1 <sup>f</sup>		1 <sup>f</sup>
Includes the following services—							
Examination	5	1	1	1 <sup>f</sup>	1 <sup>f</sup>		1 <sup>f</sup>
Prophylaxis	5	1	1				1 <sup>f</sup>
Emergency dentistry	5	1	1				
General dentistry	5	1	1 <sup>g</sup>				
Finances dental care given children in private offices						2 <sup>g</sup>	
Includes the following services—							
Examination							
Prophylaxis							
Emergency dentistry							
General dentistry						2 <sup>g</sup>	
Operates dental clinics** for adults	5					4	1 <sup>h</sup>
Includes the following services—							
Examination	5					4	
Prophylaxis	5					4	1 <sup>h</sup>
Emergency dentistry	5					4	
General dentistry	5					4	
Finances dental care given adults in private offices		1 <sup>i</sup>					
Includes the following services—							
Examination		1 <sup>i</sup>					
Prophylaxis		1 <sup>i</sup>					
Emergency dentistry		1 <sup>i</sup>					
General dentistry		1 <sup>i</sup>					
Renders additional service not covered in this classification	5	1	1				

See footnotes at end of table.

TABLE 5.—Department of State government responsible for specific dental services in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory						
	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York
Promotes local dental health programs.....		1			1		1
Conducts dental educational programs:							
For the general public.....		1			1		1
For recipients of maternity services.....			1			1	1
For preschool and/or school children.....		1	1		1		1
For dentists and/or dental hygienists.....	1	1	1				1
For school teachers and/or teacher-training students.....					1		1
Supervises and/or provides consultation service to local organizations.....					1		1
Distributes and/or administers grants-in-aid:				3			
Subsidizes local dental services for children.....					1, 2 <sup>c</sup>	1 <sup>d</sup>	1 <sup>d</sup> , 2 <sup>c</sup>
Subsidizes local dental services for adults.....							1 <sup>d</sup>
Operates a direct service program:							
Makes dental surveys and/or special dental studies.....							
Operates dental clinics** for children.....			1		1 <sup>f</sup>		1
Includes the following services—							
Examination.....			1		1 <sup>f</sup>		1
Prophylaxis.....			1		1 <sup>f</sup> , <sup>g</sup>		1
Emergency dentistry.....			1		1 <sup>f</sup>		1 <sup>g</sup>
General dentistry.....			1		1 <sup>f</sup> , <sup>g</sup>		1 <sup>g</sup>
Finances dental care given children in private offices.....							1
Includes the following services—							
Examination.....							1
Prophylaxis.....							1
Emergency dentistry.....							
General dentistry.....							
Operates dental clinics** for adults.....			1 <sup>d</sup>				
Includes the following services—							
Examination.....			1 <sup>d</sup>				
Prophylaxis.....			1 <sup>d</sup>				
Emergency dentistry.....			1 <sup>d</sup>				
General dentistry.....			1 <sup>d</sup>				
Finances dental care given adults in private offices.....							
Includes the following services—							
Examination.....							
Prophylaxis.....							
Emergency dentistry.....							
General dentistry.....							
Renders additional service not covered in this classification.....							

See footnotes at end of table.

TABLE 5.—Department of State government responsible for specific dental services in each State and Territory, the District of Columbia, and the Virgin Islands—Continued

Activity	State or Territory							
	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota
Promotes local dental health programs.....		1	1		1	1		1
Conducts dental educational programs:								
For the general public.....			1	1			1	
For recipients of maternity services.....				1	1		1	
For preschool and/or school children.....		1	1	1	1	1	1	1
For dentists and/or dental hygienists.....	1	1	1	1	1		1	
For school teachers and/or teacher-training students.....			1	1	1	1	1	1
Supervises and/or provides consultation service to local organizations.....			1		1	1		
Distributes and/or administers grants-in-aid:								
Subsidizes local dental services for children.....			1		1			
Subsidizes local dental services for adults.....	2 <sup>a</sup> , *	2 <sup>a</sup>	1 <sup>a</sup>				1 <sup>d</sup>	
Operates a direct service program:								
Makes dental surveys and/or special dental studies.....		1	1					
Operates dental clinics** for children.....		1 <sup>f</sup> , 4	1 <sup>a</sup>		1	1 <sup>a</sup>	1	1
Includes the following services—								
Examination.....		1 <sup>f</sup> , 4	1 <sup>a</sup>		1	1 <sup>a</sup>	1	1
Prophylaxis.....		4	1 <sup>a</sup> , *		1 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>	1
Emergency dentistry.....		4	1 <sup>a</sup> , *			1 <sup>a</sup>	1 <sup>a</sup>	
General dentistry.....		4	1 <sup>a</sup> , *			1 <sup>a</sup>	1 <sup>a</sup>	
Finances dental care given children in private offices.....					2 <sup>a</sup>			
Includes the following services—								
Examination.....								
Prophylaxis.....								
Emergency dentistry.....					2 <sup>a</sup>			
General dentistry.....								
Operates dental clinics** for adults.....		4	1 <sup>a</sup>		1 <sup>d</sup>			
Includes the following services—								
Examination.....		4			1 <sup>d</sup>			
Prophylaxis.....		4			1 <sup>d</sup>			
Emergency dentistry.....		4	1 <sup>a</sup> , *					
General dentistry.....		4			1 <sup>d</sup>			
Finances dental care given adults in private offices.....					2 <sup>a</sup>	2 <sup>a</sup> , *		
Includes the following services—								
Examination.....								
Prophylaxis.....								
Emergency dentistry.....					2 <sup>a</sup>	2 <sup>a</sup> , *		
General dentistry.....								
Renders additional service not covered in this classification.....			1					

See footnotes at end of table.

TABLE 5.—*Department of State government responsible for specific dental services in each State and Territory, the District of Columbia, and the Virgin Islands—Continued.*

Activity	State or Territory							
	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin
Promotes local dental health programs.....	1	1	1		1	1	1	1
Conducts dental educational programs:								
For the general public.....	1	1	1	1	1	1		1
For recipients of maternity services.....							1	1
For preschool and/or school children.....	1	1	1	1, 3	1	1	1	1
For dentists and/or dental hygienists.....	1	1	1	1	1	1		1
For school teachers and/or teacher-training students.....	1		1	1	1		1	1
Supervises and/or provides consultation service to local organizations.....	1	1	1		1		1	1
Distributes and/or administers grants-in-aid:								
Subsidizes local dental services for children.....	1	1		1			1	
Subsidizes local dental services for adults.....							1 <sup>d</sup>	2 <sup>e</sup>
Operates a direct service program:								
Makes dental surveys and/or special dental studies.....			1	1	1		1	
Operates dental clinics** for children.....		1	1		1, 4			
Includes the following services—								
Examination.....		1	1		1, 4			
Prophylaxis.....		1	1		1, 4			
Emergency dentistry.....		1	1		1, 4			
General dentistry.....		1 <sup>a</sup>	1		1			
Finances dental care given children in private offices.....								
Includes the following services—								
Examination.....								
Prophylaxis.....								
Emergency dentistry.....								
General dentistry.....								
Operates dental clinics** for adults.....					4			
Includes the following services—								
Examination.....					4			
Prophylaxis.....					4			
Emergency dentistry.....					4			
General dentistry.....								
Finances dental care given adults in private offices.....							2 <sup>e</sup>	
Includes the following services—								
Examination.....								
Prophylaxis.....								
Emergency dentistry.....							2 <sup>e</sup>	
General dentistry.....								
Renders additional service not covered in this classification.....	1							

See footnotes at end of table.

TABLE 5.—Department of State government responsible for specific dental services in each State and Territory, the District of Columbia, and the Virgin Islands—Continued.

Activity	State or Territory				
	Wyoming	Alaska	Hawaii	Puerto Rico	Is-lands
Promotes local dental health programs.....				1	
Conducts dental educational programs:					
For the general public.....	1	1			
For recipients of maternity services.....					
For preschool and/or school children.....	1	1, 3	3		
For dentists and/or dental hygienists.....	1				
For school teachers and/or teacher-training students.....	1	1, 3	3		
Supervises and/or provides consultation service to local organizations.....				1	
Distributes and/or administers grants-in-aid:					
Subsidizes local dental services for children.....					
Subsidizes local dental services for adults.....					
Operates a direct service program:					
Makes dental surveys and/or special dental studies.....	1				
Operates dental clinics** for children.....			3	1	1
Includes the following services—					
Examination.....			3	1	1
Prophylaxis.....			3	1	1*
Emergency dentistry.....				1	1
General dentistry.....				1	1
Finances dental care given children in private offices.....		1			
Includes the following services—					
Examination.....		1			
Prophylaxis.....		1*			
Emergency dentistry.....		1*			
General dentistry.....		1*			
Operates dental clinics** for adults.....				1	1
Includes the following services—					
Examination.....				1	1
Prophylaxis.....				1	1
Emergency dentistry.....				1	1
General dentistry.....				1	1
Finances dental care given adults in private offices.....		{1 <sup>d</sup> , } (2*, *)			
Includes the following services—					
Examination.....					
Prophylaxis.....					
Emergency dentistry.....		{1 <sup>d</sup> , *} (2*, *)			
General dentistry.....					
Renders additional service not covered in this classification.....					

\*Code:

1. Health department
2. Department of welfare, social security, or public assistance
3. Department of education
4. State university or college
5. State hospital board

\*\*Dental clinics, as recorded in this tabulation, include all group dental services—whether rendered through classroom visits, child health conferences, or formally organized dental clinics.

<sup>a</sup> The department of health is really a bureau of public health subordinate to the department of health and welfare.

<sup>b</sup> The grant-in-aid is made to another State agency which renders direct service.

<sup>c</sup> As part of the general medical program.

<sup>d</sup> In connection with prenatal and/or postnatal services only.

<sup>e</sup> Not routinely, but occasionally; to a limited extent; upon request; in certain areas.

<sup>f</sup> Operated only as a demonstrational and/or educational project.

<sup>g</sup> For selected groups only.

Dental health education for the general public is disseminated in much the same manner as other branches of public health education: Through distribution of literature, lectures before community groups, motion pictures, radio talks, newspaper releases, and magazine articles. Education of children in habits and attitudes conducive to better dental health is rather more direct and concrete. Besides the use of exhibits, slides, models, and the like, dental health projects which require the actual participation of the individual child are initiated. Success of such activities requires the complete under-

standing and cooperation of the classroom teacher. Therefore, further educational activities are planned for teachers and teacher-training students. Talks to prenatal groups on dental changes during pregnancy and on diet and its relation to dental health are reported by about one-third of the State health departments. Finally, nearly 75 percent of the State health departments conduct institutes, arrange postgraduate refresher courses, or even finance intramural courses of postgraduate education for practicing dentists and dental hygienists in order that these professional groups may be kept informed of advances in their respective fields of service. Not all health departments attempt to reach all of the groups here listed, but some form of educational work which stresses importance of early and regular treatment characterizes practically every health department program of dental hygiene.

As already stated, only one-half of the State health departments directly operate dental service facilities. This does not mean, however, that sponsorship of dental service at public expense is restricted to this number. Promotion and supervision of local dental programs, as well as furnishing consultant service regarding them, are outstanding health department functions. Less than one-fourth of the State health departments allot financial subsidy to children's dental services administered locally. Such subsidy may be in the form of salaries, equipment, or materials. No attempt was made to trace State aid to its ultimate conversion into service. In other words, only direct State services are described in detail. Half of the health departments which subsidize local dental programs also operate service units at the State level. Selection of areas for establishment of either direct or subsidized dental services is frequently based upon the results of special dental surveys or preliminary studies made by the health department.

Dental services afforded children in schoolrooms and child-health conferences by dentists and dental hygienists of the State health department may be classified as examination, prophylaxis, emergency dentistry, and general dentistry. Examinations are made by all 27 of the health departments which render actual service. Most States include children of preschool age and all of the elementary grades in their examination program, but a few limit the groups to preschool children and those of the first three grades, to children 3 to 10 years of age, or to the first four elementary grades. There is less uniformity among the States in their plans for the other classes of service. Even when examination is available to all children present, prophylaxis and corrective services frequently are restricted either to the indigent, to certain age groups, to specified school grades—which vary from the kindergarten to the fourth grade—or to “those who need the service most.” Still another system is that whereby the State neither does



prophylaxis nor makes corrections, but merely urges all children needing such services to secure them from private dentists of the community.

Usually the State services pictured here are supplied by one or more itinerant dentists or dental hygienists who spend as much time as possible in each community visited. A number of State health departments own healthmobiles or dental trailers, which are in reality complete dental offices on wheels, with the physical adjuncts necessary for rendering dental service. Such motorized clinic equipment contains a dental chair and instruments, laboratory facilities, sterilizer, and cabinets for instruments, linens, and supplies. In States which do not have mobile units of this type, the traveling health department dentists set up their portable equipment used for temporary clinics in a room of the school being served. Maintenance of stationary dental clinics by health departments is the exception rather than the rule. The District of Columbia is probably the most outstanding exception, with nine stationary clinics offering correctional service to children who are unable to pay for it, but this area resembles a city more than a State health jurisdiction.

Women attending prenatal or postnatal clinics represent the group of adults whose dental needs are given primary consideration by State health departments. Table 5 designates the eighteen agencies of this type which either directly or indirectly sponsor dental services for adults, most of whom are recipients of maternity services. While specific data were not gathered on quantity of service rendered, information supplied voluntarily suggests that in most instances the number of adults given corrective dentistry by health departments is very small.

Whereas correctional services appear to be somewhat overshadowed by educational activities in the dental programs of health departments, emphasis is reversed by the other agencies of State government which contribute toward the dental health of the public. In only three jurisdictions is the official State dental program entirely administered by an agency other than the health department. The Hawaiian department of education administers a children's dental program which includes both educational and service features. In New Hampshire the same agency subsidizes local dental services by supplying dental chairs and other equipment to schools. Louisiana's very extensive State program of dental care is a product of the State hospital board. Here, every type of dental service is offered for both adults and children who are unable to afford the needed care through private resources. Educational work is limited to personal oral hygiene instruction of each clinic patient.

All of the departments of welfare which touch in any way upon the subject of dental health (10) do so from the angle of arranging,

either directly, or indirectly by local subsidy, for remedial dentistry. For the most part, services furnished by the welfare department are confined to emergency dentistry for its clients, and represent one item of a broad medical care program instead of a separately organized service. Adults overbalance children as recipients of dental care from this source..

Dental clinics operated in connection with State university schools of dentistry include all forms of care from examination to reconstruction. While services offered in these clinics are not always entirely free to the patient, rates are considerably lower than those which obtain in private practice. Patients are usually selected on the basis of those having dental conditions which fill teaching needs.

In view of the foregoing observations, it is apparent that interest in the improvement of dental health is expressed by the State health department more often than by any other unit of State government, but that in some States health department functions are augmented by the services of other State agencies. As a rule, where more than one administrative body participates in dental services, there is little or no coordination of effort. Instead, each agency operates entirely independently of the other. According to the Iowa plan, however, dental programs of the health department and the State university are so closely interwoven that they function almost as one.

In conclusion, brief mention should be made also of the dental research which has been undertaken by several health departments and State universities. Specific problems covered by these research projects include: Studies of dental caries, oral manifestations of systemic disease, effect of controlled diets upon dental health, development of new restorative dental materials, and numerous aspects of preventive dentistry centered about children.

#### EXPENDITURES FOR MEDICAL AND DENTAL CARE

Fully two-thirds of the \$285,715,800 expended for composite State health services<sup>9</sup> is charged to health programs which, primarily, are identified with maintenance of facilities for correction or care of mental and physical disabilities. Expressed otherwise, over 190½ million dollars are disbursed annually by agencies of State government for health activities in which medical or custodial care is the preponderant component. (See table 6.) This figure, it will be recalled, is exclusive of medical benefits paid through workmen's compensation channels and of expenditures for tuberculosis and venereal disease which also involve a considerable amount of medical care. Separate analyses of the cost of these particular services are made elsewhere because they represent problems of a peculiar nature and require special systems of administration.

<sup>9</sup> See text footnote \* (Ch. I).



TABLE 6.—Approximate total and per capita annual expenditures\* by all official State agencies for medical\*\* and dental care in each State and Territory, the District of Columbia, and the Virgin Islands, and percentage distribution according to type of care.

State or Territory	Approximate annual expenditure* for medical and dental care		Percent of reported total expenditure devoted to specific type of care			
	Total	Per capita	Psychiatric services	Services for crippled children	General and other allied special medical care	Dental service
Total.....	\$190,653,400	\$1.42	76.0	4.8	19.0	0.2
Alabama.....	1,320,100	.47	87.0	13.0	(*)	(*)
Arizona.....	443,800	.89	77.8	20.7	1.5	.....
Arkansas.....	1,382,200	.71	65.6	9.5	24.4	.5
California.....	8,379,100	1.21	84.0	3.3	12.7	(*)
Colorado.....	2,532,800	2.26	53.5	3.8	42.7	(*)
Connecticut.....	3,457,200	2.02	87.0	3.9	9.1	(*)
Delaware.....	595,700	2.24	99.7	(*)	(*)	.3
District of Columbia.....	1,304,000	2.06	2.0	1.3	96.7	(*)
Florida.....	1,790,100	.94	92.2	7.3	(*)	.5
Georgia.....	1,694,300	.54	87.4	9.6	2.5	.5
Idaho.....	366,100	.70	100.0	(*)	(*)	.....
Illinois.....	14,528,200	1.80	65.3	4.1	30.3	.3
Indiana.....	6,172,900	1.80	84.7	2.5	12.8	(*)
Iowa.....	3,667,700	1.44	55.5	5.1	38.8	.6
Kansas.....	2,145,600	1.19	65.7	12.2	21.9	.2
Kentucky.....	1,408,500	.50	84.7	13.1	1.5	.7
Louisiana.....	4,456,600	1.88	32.1	.2	67.7	(*)
Maine.....	1,332,100	1.57	81.7	5.3	12.1	.9
Maryland.....	2,396,400	1.32	49.1	4.4	46.1	.4
Massachusetts.....	9,281,800	2.15	75.9	4.2	19.9	(*)
Michigan.....	8,455,800	1.61	80.9	10.4	8.5	.2
Minnesota.....	4,261,300	1.53	66.1	6.8	27.0	.1
Mississippi.....	1,219,900	.56	59.1	5.9	33.9	1.1
Missouri.....	3,516,100	.93	95.3	3.8	.9	(*)
Montana.....	681,100	1.22	74.7	11.2	14.1	(*)
Nebraska.....	1,338,100	1.02	89.7	10.3	(*)	(*)
Nevada.....	90,500	.82	93.0	2.2	(*)	4.8
New Hampshire.....	1,163,600	2.37	86.6	2.1	11.3	(*)
New Jersey.....	7,994,300	1.92	88.4	1.6	10.0	(*)
New Mexico.....	379,100	.71	60.0	20.8	19.2	(*)
New York.....	35,952,200	2.67	95.5	2.9	1.6	(*)
North Carolina.....	1,692,800	.47	81.2	12.5	(*)	6.3
North Dakota.....	1,270,400	1.08	75.1	5.6	19.3	(*)
Ohio.....	7,170,100	1.04	82.5	2.6	14.9	(b)
Oklahoma.....	2,545,600	1.09	59.8	17.4	22.3	.5
Oregon.....	1,246,500	1.14	88.6	9.3	1.8	.3
Pennsylvania.....	17,376,800	1.76	54.0	2.0	43.9	.1
Rhode Island.....	1,470,700	2.06	73.7	2.9	23.4	(*)
South Carolina.....	2,652,200	1.40	95.5	4.5	(*)	(*)
South Dakota.....	899,500	1.40	74.8	5.0	20.2	(*)
Tennessee.....	1,174,100	.40	85.2	12.4	(*)	2.4
Texas.....	3,728,600	.58	89.8	9.4	.4	.4
Utah.....	570,400	1.04	84.6	11.6	2.3	1.5
Vermont.....	575,500	1.60	91.1	6.3	2.6	(*)
Virginia.....	3,691,800	1.38	62.7	3.8	31.9	1.6
Washington.....	2,156,300	1.24	95.4	4.6	(*)	(*)
West Virginia.....	1,707,000	.90	43.5	11.2	45.3	(*)
Wisconsin.....	4,377,600	1.40	63.6	8.1	28.2	.1
Wyoming.....	270,900	1.08	80.4	10.0	9.6	(*)
Alaska.....	19,400	.27	.....	100.0	(*)	(*)
Hawaii.....	1,130,900	2.67	40.3	3.9	51.1	4.7
Puerto Rico.....	1,116,100	.60	19.8	(*)	80.2	(*)
Virgin Islands.....	103,000	4.14	7.6	.....	88.2	4.2

\*Expenditures for the services considered represent index rather than absolute amounts. Because of variations in fiscal practices, figures cover the most recent year for which information was available at the date of interview. In some instances, because of overlapping and interweaving of activities, estimates were accepted in the absence of precise expenditure records. All funds disbursed by official State agencies for programs chiefly consisting of medical care are included irrespective of their source. State-appropriated moneys constitute 90 percent of the total; funds from local taxing bodies, 5 percent; fees from patients and private contributions, 3 percent; and Federal grants-in-aid, 2 percent.

\*\*Insofar as they could be identified, figures for medical care include psychiatric services, services for crippled children, general medical care of the needy, cancer service, pneumonia service, prevention and correction of blindness, and health services for migratory labor.

\* Expenditures for this service as a separate activity were not procurable, and therefore are not a part of the amount listed in the column, "Total."

<sup>b</sup> Less than one-tenth of 1 percent.

In table 6 are recorded not only the total and per capita expenditures of each State for all medical and dental care covered in this article, but also the relative costs of services conforming to the several classifications established. Services for crippled children have been extracted from general and other allied special medical care because these activities represent the only organized medical program for which a specific Federal fund is allotted to assist the States on a cooperative basis. Because of certain inherent deficiencies in the data, which will be explained later in this section of the report, expenditure figures represent the best approximations available and not absolute amounts. Therefore, it is urged that the reader regard both the aggregate expenditures and the percentage distributions thereof as indicative rather than precise measures of service.

According to the most complete information obtainable, individual disbursements of the 53 jurisdictions for all types of medical and dental care covered in the present article range from less than \$20,000 to approximately \$36,000,000, with per capita allotments for this purpose extending from \$0.27 in Alaska to \$4.14 in the Virgin Islands, which rank at the opposite terminus of the scale. Among the States proper, New York stands highest—with a per capita expenditure of \$2.67—while Tennessee's report of \$0.40 per capita places this State at the bottom of the list. For the country as a whole, the average per capita expenditure for medical care is \$1.42, while the figure representing the median State stands at \$1.24.

The rather extreme differences noted appear to be conditioned chiefly by a State's ability to purchase medical care. By arraying the States according to wealth, as measured by per capita income,<sup>10</sup> grouping them into quarters, and computing the median per capita expenditure for each quarter, the results obtained show forcibly that variations in expenditures are a direct outgrowth of the relative wealth of the States. The per capita expenditure for medical care by the State occupying the median position in each quarter is as follows: Highest quarter, \$1.92; second quarter, \$1.58; third quarter, \$0.98; and lowest quarter, \$0.64. Thus it is disclosed that the wealthiest quarter of States spend relatively three times the amount apportioned by the poorest quarter for medical care.

Location of a State in a particular geographic area may be regarded as another effective factor which contributes to the differences noted. Regions designated as Northeastern, Southern, Central, and Western—

<sup>10</sup> Martin, John L., National Income Division, Department of Commerce: *Income Payments to Individuals by States, 1929-39. Survey of Current Business*, October 1940.

which have been established previously<sup>11</sup> for analysis of public health data—were selected for comparison of expenditures for State medical care in different sections of the United States. The Northeast leads in allocation of funds for health programs set up chiefly for provision of treatment facilities. In this group of States a median expenditure of \$2.04 per capita is reported. Southern States offer a picture of marked contrast, since in this area the median expenditure is only \$0.64. Ranking between the Northeastern and the Southern States are those of the West and the Central portion of the country. For these two areas median per capita expenditures are \$1.42 and \$1.08, respectively.

The fact that there is interrelationship between the factors of geographic position and State wealth must not be overlooked, of course. Nevertheless, the differences cited are believed to be sufficiently clear-cut in both instances to reflect true influence of the elements under consideration.

Financial support of State medical care for all types of physical and mental disabilities under consideration attains significant proportions in comparison with disbursements for other branches of public health activity. At the same time, the full import of medical and dental costs is not manifest until the expenditure for each major division of service is determined separately.

A rough break-down of the aggregate cost of medical care according to its constituent services points to a striking concentration of funds in one particular field. When the entire Nation is considered, hospitalization of mental disorders alone accounts for nearly 145 million dollars, or three-fourths of the sum recorded for all State health services which are characterized by the provision of medical care. An additional 1 percent of the total cost is allotted to mental hygiene facilities. In only 8 States do psychiatric services amount to less than all other types of medical and dental care combined, while in 9 States support of mental hospital facilities and care represents more than 90 percent of the sum devoted to all State medical and dental services. Thus it is apparent that in a number of instances State participation in activities involving medical care is limited chiefly to institutionalization of the mentally ill. The extent to which hospitalization of mental disorders dominates not only the medical care scene, but the complete

<sup>11</sup> Mountain, Joseph W., Pennell, Elliott H., and Pearson, Kay: The distribution of hospitals and their financial support in Southern States. *The Southern Medical Journal*, vol. 33, No. 4, April 1940. The established geographic areas with the States contained therein are as follows:

Northeastern: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, and the District of Columbia.

Southern: Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.

Central: Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas.

Western: Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, and California.

realm of State health services becomes even more impressive when it is recognized that, for the country as a whole, States are spending more for the single item "care of the mentally handicapped" than for all remaining activities related to the promotion, conservation, and restoration of human health.

Ninety-three percent of the money expended for psychiatric services afforded by the various agencies of State government is drawn from the State treasuries, while local taxing bodies contribute 5 percent of the total amount. The remaining 2 percent is derived from patients' fees, institutional sales, or other miscellaneous sources.

State medical care for general and allied special conditions other than the crippling conditions of children ranks second to services for mental disorders, though there is a sharp decline in the respective costs of the two types of service. Expenditures for general medical care merged with special cancer and pneumonia services and with activities for the prevention and correction of blindness represent only 19 percent of the total medical care costs. It is to be expected that a relatively low fraction of the aggregate cost for State medical services should be charged to general and special conditions, for only a minor portion of such care provided at public expense is furnished by the State agency. By its very nature, the bulk of medical care for general and allied special conditions is a responsibility of local health and welfare units and of nonofficial organizations, from which no information was obtained for this survey.

At the same time, expenditures of State agencies for treatment of general and allied special conditions undoubtedly reach a somewhat larger total than is indicated in table 6. Due to the fact that financing of general medical care for the needy through the State's broad program of public assistance is a common practice, it frequently was necessary for the administrative agency to resort to estimation in reporting expenditures for medical care as such. In some instances—because of peculiarities in accounting systems—figures for the cost of medical care could not be isolated from other benefits allowable to clients of general relief programs. Thus the amount reported as being charged to general medical care is believed to be extremely conservative. Furthermore, some State university hospitals are so closely affiliated with the teaching unit of the medical school that no reliable separation of funds was possible. Another difficulty was encountered in arriving at an accurate figure for pneumonia control activities because of their association with general laboratory service. Still another item eluded strict accounting in States where cancer control is confined to educational measures which are covered in the expenses of central administration, adult hygiene, preventable disease control, or general public health education. Funds for correction and prevention of blindness, likewise, are combined frequently with the more

general aspects of State medical care of the needy. Accumulation of such circumstances tends somewhat to overemphasize the relative cost of psychiatric services and underemphasize that of general and special medical care. Nevertheless, the degree of deviation is not believed to be sufficient to alter appreciably the over-all picture.

Of the 36½ million dollars expended for general and allied special medical care (exclusive of crippled children's services) almost the entire amount was charged to attendance for general conditions. During the year preceding the survey, only 4 States, New York, Massachusetts, New Hampshire, and Georgia, allocated over \$25,000 to cancer services. Inasmuch as the Missouri program—also quite extensive—was just getting well under way, activities of this State are not reflected in the expenditure data collected. From the standpoint of pneumonia services, only Illinois and Pennsylvania spent in excess of \$25,000.

Health services involving general and allied special medical care are, for the most part, supported by appropriations from State legislative bodies. Eighty-seven percent of the total amount expended is derived from this source. Local political subdivisions reimburse the State governments for care afforded residents of the respective cities and counties to the extent of 4 percent of the total. Fees collected from full- or part-pay patients, private contributions, institutional sales, and the like, account for an additional 8 percent. Federal participation in State medical services for general and allied special conditions exclusive of the crippling conditions of children is negligible (1 percent of the total).

Services afforded by State agencies for alleviation of the crippling conditions of children cost upward of 9 million dollars. This sum represents essentially 5 percent of the cost of all State medical care. Organized crippled children's services are furnished by every State and Territorial jurisdiction except the Virgin Islands, and the amounts allocated to such programs range from \$2,000 to over \$1,000,000. Approximately one-third of the full expense of State services for crippled children is borne by the Federal Government. Inasmuch as only 5 percent is made up from local tax sources, and less than 1 percent is contributed by private philanthropic organizations, major support of the service rests upon the State.

Because State dental services are predominantly educational measures which are frequently interwoven with other health department functions such as general public health education or broad maternity-child health activities, less than one-half million dollars could be segregated as applying specifically to the cost of dental services. This is an infinitesimal portion of the total cost of programs covered by this discussion, when they are treated in combination. Three-fourths of such dental expenditures as could be isolated are supported in almost



equal proportions by the State and Federal Governments. The remaining quarter is composed primarily of contributions by private foundations and secondarily of allotments from local tax funds. Part of the Federal money utilized for State dental services is made available under title V, and part under title VI of the Social Security Act. Reference to the dental expenditures quoted in Public Health Bulletin No. 251<sup>12</sup> denotes that a more detailed breakdown of figures was obtained for the 1938 study which featured dentistry only than for the survey herewith reported which includes numerous health activities.

#### DISCUSSION

Inequality of development typifies State organization for the several categories of medical service covered in this article. Psychiatric services outrank all other forms of medical care provided at State expense, irrespective of whether financial structure or volume of service is used as the criterion of measurement. Fifty-two of the fifty-three jurisdictions surveyed assume responsibility for institutionalizing patients with mental disorders, but scarcely more than half of them operate mental hygiene clinics. Moreover, considerable disparity exists in hospital admission procedures, in provisions for follow-up of paroled and discharged patients, and in the fiscal practices employed.

Nearly three-fourths of the States either directly operate or subsidize a plan for furnishing some measure of care for general medical or surgical conditions. However, there is relatively little direct State control over home and office care for the needy. Instead, where States participate in such service, they are apt to do it indirectly through extending financial aid to local political subdivisions for general public assistance. Except in extreme emergencies, care so financed is usually limited to that which can be obtained from a general practitioner in his office. Descriptive details of the medical care which is partially supported by State funds as an item of the broader general relief programs, or even records of the exact amount of money devoted to such services, are impossible to obtain in many States. Twenty-four jurisdictions operate general hospitals which accept needy patients free of charge or at a reduced fee.

In the main, State governments afford relatively uniform service for the treatment of crippled children. The influence of the Federal agency which makes a substantial financial contribution to the operation of State services for crippled children tends to standardize the content of such programs.

For the Nation as a whole, development of State programs for the treatment of cancer was in its infancy at the time this survey was

<sup>12</sup> See footnote 8.



made. Slightly more than one-third of the States either operated cancer diagnostic or treatment clinics or furnished free hospitalization for persons suffering from cancer. Even among several of these States, the cancer services reported were affiliated with the State's provisions for general medical care, and not operated as a specialized facility. During 1940 two preparations (serum and sulfonamide compounds) were in use for the treatment of pneumonia. About one-half of the States distributed free therapeutic serum and over one-third, sulfapyridine.

Dental programs of about half of the States at that time were limited to educational and promotional activities, while those of the other half included actual examination, prophylaxis, and/or corrective services for certain groups. For the most part, however, the service rendered for school children was largely for educational and demonstrational purposes, and that for adults was confined to clients of general relief or attendants of prenatal clinics.

Next to variation in the degree of development of the various branches of State medical and dental care, the extent to which responsibility for these services is dispersed among more than a dozen governmental units is probably the most noteworthy disclosure of this entire study. No matter whether all medical services within a single State or a single medical service within all States is the basis of consideration, there is marked division of authority. Health departments, departments of welfare, departments of education, departments of institutions, State university hospitals, independent State hospitals, State legislative bodies, and at least a half dozen special boards and commissions in varying degrees participate in providing some form of public medical care. Unfortunately, when several different agencies operate within a given area for any particular medical service, the organizational set-up frequently fosters independence of action rather than pooling of resources. Consequently, certain services are available from several sources, while no provision is made for others.

Disbursements by official agencies of State government for health activities considered in this section, namely, psychiatric services, services for crippled children, general and other allied special medical care, and dentistry, reach a total of over 190½ million dollars in the course of a year. This figure represents about two-thirds of the outlay for all forms of State health work. Insofar as general and allied special medical conditions are concerned, however, this allowance is not so great as it appears on the surface, for 75 percent of the cost of all State medical services incorporated in the present analysis is devoted to maintenance and operation of mental hospitals. Both the wealth of a State and its geographic location are influential factors in determining a State's per capita expenditure for medical care.

**DEATHS DURING WEEK ENDED AUGUST 8, 1942**

[From the Weekly Mortality Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Aug. 8, 1942	Correspond- ing week 1941
<b>Data from 86 large cities of the United States:</b>		
Total deaths.....	7,262	7,526
Average for 3 prior years.....	7,275	-----
Total deaths, first 31 weeks of year.....	262,338	266,469
Deaths per 1,000 population, first 31 weeks of year, annual rate.....	11.9	12.1
Deaths under 1 year of age.....	558	555
Average for 3 prior years.....	500	-----
Deaths under 1 year of age, first 31 weeks of year.....	17,322	16,233
<b>Data from industrial insurance companies:</b>		
Policies in force.....	64,941,222	64,409,728
Number of death claims.....	11,150	11,801
Death claims per 1,000 policies in force, annual rate.....	9.0	9.6
Death claims per 1,000 policies, first 31 weeks of year, annual rate.....	9.5	9.9

# PREVALENCE OF DISEASE

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*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring*

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## UNITED STATES

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### REPORTS FROM STATES FOR WEEK ENDED AUGUST 15, 1942

#### Summary

General health conditions continued favorable during the week as indicated by reports of important communicable diseases and the death rate in large cities. Although the number of cases of meningococcus meningitis reported during the week declined, from 65 to 47, the incidence continues somewhat above the 5-year (1937-41) median expectancy (32 cases) for the week. Of the current total, 17 cases were reported in the three Middle Atlantic States, as compared with only 5 cases for the same week last year. To date this year 2,354 cases have been reported for the country as a whole, more than the number reported for the corresponding period of any other year since 1937, when 4,120 cases were recorded.

The expected seasonal rise in the incidence of poliomyelitis continued, with 173 cases reported as compared with 128 for the preceding week. Both the current and the cumulative figures to date, however, are below those for the corresponding periods of any other year since 1938. The following are the only States which reported more than 10 cases for the current week: Illinois 27, New Jersey 23, Tennessee 12, and New York 11. The current incidence is as high in the New England, Middle Atlantic and North Central States as in the South Atlantic and South Central areas.

A total of 164 cases of endemic typhus fever was reported for the week, the largest number for any week so far this year. Of this total, Texas reported 83 cases and Georgia 43. To date this year 1,667 cases have been reported as compared with 2,780 for the entire year 1941 and 1,879 in 1940. Of the total cases to date Texas has reported 579 and Georgia 472. The highest incidence of the disease usually occurs during the period July-November.

(1277)

Other diseases reported during the current week include 1 case of anthrax in Texas, 30 cases of amebic dysentery, 389 cases of bacillary dysentery (278 in Texas), 273 cases of unspecified dysentery (239 in Virginia) 19 scattered cases of infectious encephalitis, 24 cases of Rocky Mountain spotted fever, 5 cases of smallpox, 24 cases of tularemia, and 218 cases of typhoid fever. The current incidence and the cumulative figures to date are the lowest on record for both smallpox and typhoid fever for those periods.

The death rate for the current week for 88 large cities in the United States is 10.1 per 1,000 population, as compared with 10.2 last week and a 3-year (1939-41) average of 10.0.

*Telegraphic morbidity reports from State health officers for the week ended August 15, 1942, and comparison with corresponding week of 1941 and 5-year median*

In these tables a zero indicates a definite report, while leaders imply that, although none were reported, cases may have occurred.

Division and State	Diphtheria			Influenza			Measles			Meningitis, meningococcus		
	Week ended—		Median 1937-41	Week ended—		Median 1937-41	Week ended—		Median 1937-41	Week ended—		Median 1937-41
	Aug. 15, 1942	Aug. 16, 1941		Aug. 15, 1942	Aug. 16, 1941		Aug. 15, 1942	Aug. 16, 1941		Aug. 15, 1942	Aug. 16, 1941	
NEW ENG.												
Maine.....	0	0	0				12	31	5	1	1	
New Hampshire.....	0	0	0				0	0	0	0	0	
Vermont.....	0	0	0				32	24	10	0	0	
Massachusetts.....	3	0	3				70	66	66	3	1	
Rhode Island.....	0	0	0				4	6	6	0	0	
Connecticut.....	0	1	1	1			9	22	15	1	0	
MID. ATL.												
New York.....	7	11	11	11	13	14	101	134	134	9	8	3
New Jersey.....	1	2	4	5	2	2	42	45	45	6	0	0
Pennsylvania.....	2	3	9				32	91	91	2	0	2
E. NO. CEN.												
Ohio.....	0	2	3	4	2	5	32	35	35	1	1	1
Indiana.....	5	3	5	4	3	3	6	7	7	0	0	0
Illinois.....	13	7	13	2		2	16	27	27	1	0	1
Michigan <sup>1</sup> .....	1	4	6	1	2		48	39	60	2	0	0
Wisconsin.....	0	0	1	7	11	11	103	101	101	0	0	0
W. NO. CEN.												
Minnesota.....	0	1	1			1	9	2	6	0	0	0
Iowa.....	0	2	2		2	1	11	18	18	0	0	1
Missouri.....	3	10	5	1			3	17	4	0	0	0
North Dakota.....	0	0	2	3	6	3	6	16	2	0	0	0
South Dakota.....	1	1	1				2	1	2	0	0	0
Nebraska.....	0	0	0	2			16	0	0	0	0	0
Kansas.....	1	4	3		1		4	22	7	0	1	0
SO. ATL.												
Delaware.....	0	0	0				0	0	0	0	0	0
Maryland <sup>1</sup> .....	2	1	1				5	40	6	1	3	1
Dist. of Col.....	0	1	2		2		1	6	5	0	0	0
Virginia.....	10	1	10	37	42	30	7	60	33	2	2	1
West Virginia.....	5	6	5	2	24	7	1	45	4	0	0	0
North Carolina.....	10	13	22				45	27	27	1	2	2
South Carolina.....	13	5	8	98	95	95	6	36	3	0	0	0
Georgia.....	9	12	12	21	7		5	29	4	1	0	0
Florida.....	2	0	2	1	2	1	8	3	2	0	1	0
E. SO. CEN.												
Kentucky.....	3	2	10		1	1	0	21	17	0	0	1
Tennessee.....	1	6	6	4	27	10	9	18	18	0	2	2
Alabama.....	7	9	11	17	11	11	0	7	4	3	0	0
Mississippi <sup>2</sup> .....	5	8	8							0	0	1
W. SO. CEN.												
Arkansas.....	7	4	7	14		7	4	36	4	1	0	0
Louisiana.....	2	7	7	4		7	7	1	4	4	2	0
Oklahoma.....	3	0	3	6	15	10	2	6	4	0	0	0
Texas.....	21	14	20	74	267	96	41	163	47	1	1	3
MOUNTAIN												
Montana.....	2	2	1				3	5	10	0	0	0
Idaho.....	0	0	0				3	3	2	0	0	0
Wyoming.....	0	1	1	5			7	5	4	1	0	0
Colorado.....	3	5	5	9	9	4	3	8	8	0	1	0
New Mexico.....	1	0	0		1		4	21	9	0	0	0
Arizona.....	1	1	1	25	9	9	10	12	4	0	0	0
Utah <sup>2</sup> .....	0	0	0		3		46	7	19	0	0	0
Nevada.....	0	0					2	0		0	0	
PACIFIC												
Washington.....	1	1	1	2			80	4	12	1	1	0
Oregon.....	2	0	1	3	5	3	30	8	11	1	0	0
California.....	10	7	10	13	25	5	133	101	101	4	1	2
Total.....	157	157	297	366	578	362	1,020	1,376	1,111	47	25	32
32 weeks.....	7,241	7,312	11,696	80,391	489,306	159,592	465,780	822,777	347,849	2,354	1,386	1,386

See footnotes at end of table.

Telegraphic morbidity reports from State health officers for the week ended August 15, 1942, and comparison with corresponding week of 1941 and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever		
	Week ended—		Median 1937-41	Week ended—		Median 1937-41	Week ended—		Median 1937-41	Week ended—		Median 1937-41
	Aug. 15, 1942	Aug. 16, 1941		Aug. 15, 1942	Aug. 16, 1941		Aug. 15, 1942	Aug. 16, 1941		Aug. 15, 1942	Aug. 16, 1941	
NEW ENG.												
Maine.....	4	0	0	2	0	2	0	0	0	0	0	3
New Hampshire.....	2	0	0	5	2	1	0	0	0	1	0	0
Vermont.....	2	2	1	3	0	0	0	0	0	1	0	0
Massachusetts.....	1	11	4	71	40	20	0	0	0	7	10	2
Rhode Island.....	0	2	2	1	1	1	0	0	0	0	1	2
Connecticut.....	1	7	3	4	1	3	0	0	0	1	0	1
MID. ATL.												
New York.....	11	49	11	40	38	58	0	0	0	17	15	15
New Jersey.....	23	17	4	25	25	14	0	0	0	3	1	6
Pennsylvania.....	1	45	7	32	42	42	0	0	0	9	14	18
E. NO. CEN.												
Ohio.....	3	37	36	12	34	61	0	0	0	6	14	16
Indiana.....	7	5	5	10	6	22	0	1	1	9	7	7
Illinois.....	27	18	8	28	31	52	0	2	2	6	6	35
Michigan <sup>1</sup> .....	8	16	24	29	32	72	0	0	1	2	8	12
Wisconsin.....	2	5	3	27	28	30	0	1	0	1	0	1
W. NO. CEN.												
Minnesota.....	7	14	5	21	10	18	0	0	0	0	1	1
Iowa.....	3	5	5	13	9	9	0	1	2	0	4	4
Missouri.....	4	4	4	23	8	13	1	4	4	6	22	16
North Dakota.....	1	0	1	3	1	4	0	0	0	0	0	0
South Dakota.....	0	0	0	3	2	5	0	0	0	0	0	0
Nebraska.....	0	0	2	0	1	1	0	0	0	0	0	1
Kansas.....	1	1	6	18	12	21	0	0	0	2	2	4
SO. ATL.												
Delaware.....	0	2	0	1	0	1	0	0	0	0	0	2
Maryland <sup>1</sup> .....	2	16	1	6	7	8	0	0	0	2	4	12
Dist. of Col.....	1	8	1	3	7	4	0	0	0	1	0	2
Virginia.....	3	7	4	11	15	8	0	0	0	9	8	17
West Virginia.....	4	1	1	14	13	13	0	0	0	5	11	22
North Carolina.....	5	16	6	24	16	25	0	0	0	8	13	13
South Carolina.....	2	11	2	4	4	4	0	2	0	4	20	15
Georgia.....	1	69	1	7	6	6	0	0	0	5	11	26
Florida.....	2	10	2	6	0	1	0	0	0	11	1	1
E. SO. CEN.												
Kentucky.....	6	15	6	15	7	17	0	0	0	22	23	43
Tennessee.....	12	37	1	9	7	14	1	1	1	10	13	28
Alabama.....	2	82	3	8	12	12	0	0	0	9	2	13
Mississippi <sup>2</sup> .....	2	11	2	4	4	3	0	0	0	3	23	13
W. SO. CEN.												
Arkansas.....	6	4	2	5	2	8	0	0	0	19	14	20
Louisiana.....	2	3	3	1	3	5	0	0	0	7	15	19
Oklahoma.....	1	0	2	6	3	6	0	0	0	2	9	21
Texas.....	2	2	2	22	18	18	0	0	0	20	32	75
MOUNTAIN												
Montana.....	1	1	1	5	10	6	0	0	0	0	0	1
Idaho.....	0	0	0	1	3	1	0	0	0	0	1	1
Wyoming.....	1	1	0	1	0	0	0	0	0	0	0	0
Colorado.....	1	0	1	7	2	10	0	0	0	1	3	2
New Mexico.....	0	0	1	1	3	3	3	0	0	2	10	6
Arizona.....	3	0	0	1	0	1	0	0	0	0	2	1
Utah <sup>1</sup> .....	0	3	1	1	2	5	0	0	0	0	0	1
Nevada.....	0	0	0	0	0	0	0	0	0	0	0	0
PACIFIC												
Washington.....	0	4	0	4	18	8	0	0	0	0	3	3
Oregon.....	0	3	1	5	4	5	0	9	0	1	5	3
California.....	6	5	23	36	44	44	0	0	3	6	9	8
Total.....	173	549	391	578	533	759	5	12	22	218	338	506
32 weeks.....	1,322	2,784	2,029	88,532	89,172	115,792	609	1,150	7,914	43,813	4,457	6,602

See footnotes at end of table.



*Telegraphic morbidity reports from State health officers for the week ended August 15, 1942—Continued*

Division and State	Whooping cough		Week ended Aug. 15, 1942								
	Week ended—		Anthrax	Dysentery			Encephalitis, infectious	Leprosy	Rocky Mt. spotted fever	Typhus fever	
	Aug. 15, 1942	Aug. 16, 1941		Amebic	Bacillary	Unspecified					
NEW ENG.											
Maine.....	38	18	0	0	0	0	0	0	0	0	0
New Hampshire.....	3	0	0	0	0	0	0	0	0	0	0
Vermont.....	40	0	0	0	0	0	0	0	0	0	0
Massachusetts.....	165	148	0	0	1	0	0	0	0	0	0
Rhode Island.....	13	13	0	0	0	0	0	0	0	0	0
Connecticut.....	36	20	0	0	1	0	0	0	0	0	0
MID. ATL.											
New York.....	361	214	0	0	13	0	4	0	3	0	0
New Jersey.....	234	124	0	1	0	0	0	0	0	0	0
Pennsylvania.....	230	178	0	0	1	0	1	0	0	0	0
E. NO. CEN.											
Ohio.....	115	247	0	0	0	2	1	0	4	2	0
Indiana.....	51	15	0	0	0	0	0	0	0	1	0
Illinois.....	298	181	0	1	34	0	2	0	0	1	0
Michigan <sup>1</sup> .....	264	242	0	2	2	0	0	0	0	0	0
Wisconsin.....	220	214	0	0	0	0	0	0	0	0	0
W. NO. CEN.											
Minnesota.....	51	52	0	4	0	0	0	0	0	0	0
Iowa.....	55	60	0	1	1	0	3	0	2	1	0
Missouri.....	4	35	0	0	0	2	0	0	0	0	0
North Dakota.....	13	22	0	0	0	0	2	0	1	0	0
South Dakota.....	4	5	0	0	0	0	0	0	0	0	0
Nebraska.....	2	8	0	0	0	0	0	0	0	0	0
Kansas.....	23	84	0	0	0	0	0	0	0	0	0
SO. ATL.											
Delaware.....	5	4	0	0	0	0	0	0	0	0	0
Maryland <sup>1</sup> .....	31	56	0	0	0	7	1	0	4	0	0
Dist. of Col.....	12	9	0	0	0	0	0	0	0	0	0
Virginia.....	31	38	0	0	0	239	0	0	3	1	0
West Virginia.....	14	29	0	0	0	0	0	0	0	0	0
North Carolina.....	145	203	0	0	0	0	0	0	1	0	6
South Carolina.....	31	74	0	0	0	0	0	0	0	0	6
Georgia.....	7	19	0	0	4	0	0	0	0	1	43
Florida.....	6	3	0	0	2	0	0	0	0	1	15
E. SO. CEN.											
Kentucky.....	29	46	0	0	4	0	0	0	0	0	0
Tennessee.....	75	67	0	0	0	6	0	0	1	2	2
Alabama.....	22	14	0	0	0	0	0	0	0	1	3
Mississippi <sup>2</sup> .....			0	0	0	0	0	0	0	0	1
W. SO. CEN.											
Arkansas.....	14	22	0	7	37	0	0	0	0	2	0
Louisiana.....	0	11	0	0	3	0	0	0	0	0	4
Oklahoma.....	15	18	0	0	0	0	0	0	0	0	0
Texas.....	111	92	1	11	278	0	1	0	0	5	83
MOUNTAIN											
Montana.....	21	23	0	0	0	0	0	0	1	2	0
Idaho.....	2	8	0	0	0	0	0	0	0	0	0
Wyoming.....	4	24	0	0	0	0	0	0	0	0	0
Colorado.....	20	109	0	0	0	0	1	0	2	2	0
New Mexico.....	4	50	0	1	1	0	0	0	1	0	0
Arizona.....	4	33	0	0	0	17	0	0	0	0	0
Utah <sup>3</sup> .....	22	56	0	0	0	0	0	0	0	1	0
Nevada.....	3	1	0	0	0	0	0	0	0	1	0
PACIFIC											
Washington.....	31	86	0	0	0	0	2	0	0	0	0
Oregon.....	32	22	0	0	0	0	0	0	0	0	0
California.....	123	332	0	2	7	0	1	0	1	0	1
Total.....	3,039	3,329	1	30	389	273	19	0	24	24	164
32 weeks.....	119,319	143,300									

<sup>1</sup> New York City only.

<sup>2</sup> Period ended earlier than Saturday.

<sup>3</sup> A corrected report shows 3 cases of typhoid in New Mexico for the week ended July 25 instead of 32 fever cases published through an error in transmission.

<sup>4</sup> Delayed report.

## WEEKLY REPORTS FROM CITIES

City reports for week ended August 1, 1942

This table lists the reports from 88 cities of more than 10,000 population distributed throughout the United States, and represents a cross section of the current urban incidence of the diseases included in the table.

	Diphtheria cases	Etiophthalmis, infectious, cases	Influenza		Measles cases	Meningitis, meningo- cocci, cases	Pneumonia deaths	Polymyositis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
Atlanta, Ga.	0	0		0	0	0	0	0	2	0	0	4
Baltimore, Md.	0	0	1		4	3	9	0	6	0	0	42
Billings, Mont.	0	0		0	2	0	0	0	0	0	0	3
Birmingham, Ala.	0	0		0	0	0	2	0	2	0	1	2
Boise, Idaho.	0	0		0	0	0	0	0	0	0	0	0
Boston, Mass.	1	0		0	37	8	0	8	0	0	0	48
Bridgeport, Conn.	0	0		0	0	0	1	0	0	0	0	2
Brunswick, Ga.	0	0		0	0	0	0	0	0	0	0	0
Buffalo, N. Y.	0	0		0	2	0	4	0	1	0	0	25
Camden, N. J.	0	0		0	0	0	2	0	0	0	0	4
Charleston, S. C.	0	0		0	1	0	4	2	1	0	0	1
Charleston, W. Va.	0	0		0	0	0	0	1	0	0	0	0
Chicago, Ill.	3	0	2	0	8	0	12	2	18	0	3	207
Cincinnati, Ohio.	1	0		0	2	0	2	2	4	0	0	6
Cleveland, Ohio.	2	0	9	0	0	1	7	2	3	0	1	57
Columbus, Ohio.	0	0		0	1	0	1	0	5	0	0	19
Concord, N. H.	0	0		0	0	0	0	0	0	0	0	0
Cumberland, Md.	0	0		0	0	0	2	0	0	0	0	0
Dallas, Texas.	3	0		0	1	0	2	0	1	0	1	7
Denver, Colo.	2	0	2	0	10	0	2	0	4	0	0	21
Detroit, Mich.	0	0	1	0	6	0	6	4	12	0	0	113
Duluth, Minn.	0	0		0	1	0	2	0	2	0	0	5
Fall River, Mass.	3	0		0	3	1	2	0	3	0	0	2
Fargo, N. Dak.	0	0		0	1	0	0	0	0	0	0	0
Flint, Mich.	0	0		0	0	0	1	0	1	0	0	5
Fort Wayne, Ind.	0	0		0	1	0	3	0	0	0	0	0
Frederick, Md.	0	0		0	0	0	1	0	0	0	0	0
Galveston, Tex.	0	0		0	0	0	1	0	0	0	0	6
Grand Rapids, Mich.	0	0		0	0	0	0	0	1	0	0	7
Great Falls, Mont.	0	0		0	3	0	1	0	1	0	0	0
Hartford, Conn.	1	0		0	5	1	0	2	0	0	0	32
Helena, Mont.	0	0		0	0	0	0	0	0	0	0	0
Houston, Tex.	0	0		0	4	0	12	0	0	0	2	4
Indianapolis, Ind.	1	1		0	0	0	7	2	1	0	0	28
Kansas City, Mo.	0	0		0	3	0	3	0	3	0	0	1
Kenosha, Wis.	0	0		0	0	0	0	0	1	0	0	10
Little Rock, Ark.	0	0		0	0	0	1	0	0	0	0	0
Los Angeles, Calif.	3	0	2	0	27	3	6	0	4	0	0	21
Lynchburg, Va.	1	0		0	0	0	1	0	0	0	0	7
Memphis, Tenn.	0	0		0	3	0	1	7	0	0	0	12
Milwaukee, Wis.	0	0		0	80	0	0	1	4	0	0	60
Minneapolis, Minn.	0	0		0	1	0	1	0	1	0	0	4
Missoula, Mont.	0	0		0	0	0	0	0	0	0	0	0
Mobile, Ala.	0	0	1	0	0	0	1	0	1	0	0	0
Nashville, Tenn.	1	0		0	0	0	2	4	0	0	0	1
Newark, N. J.	0	0		0	9	1	1	1	1	0	2	47
New Haven, Conn.	0	0		0	0	0	0	0	2	0	0	5
New Orleans, La.	0	0	1	0	4	1	7	1	1	0	0	0
New York, N. Y.	8	0	4	0	25	10	30	3	24	0	5	100
Omaha, Nebr.	0	0		0	1	0	0	0	1	0	0	4
Philadelphia, Pa.	0	0		0	7	0	15	0	25	0	0	109
Pittsburgh, Pa.	1	0		0	1	1	4	0	4	0	0	15
Portland, Maine.	0	0		0	10	3	1	0	1	0	0	12
Providence, R. I.	1	0		0	18	0	3	0	0	0	0	11
Pueblo, Colo.	0	0		0	4	0	1	0	0	0	0	0
Racine, Wis.	0	0		0	8	0	0	0	3	0	0	21
Raleigh, N. C.	0	0		0	1	0	3	0	0	0	1	2
Reading, Pa.	0	0		0	0	0	2	0	0	0	0	9
Richmond, Va.	0	0		0	3	0	0	0	1	0	0	2

## City reports for week ended August 1, 1942

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Pollomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
Roanoke, Va.	0	0	0	0	1	0	0	0	0	0	0	0
Rochester, N. Y.	0	0	0	0	4	0	0	0	0	0	0	7
Sacramento, Calif.	2	0	0	0	4	0	1	0	2	0	0	3
Saint Joseph, Mo.	0	0	0	0	0	0	2	0	2	0	0	0
Saint Louis, Mo.	0	0	6	0	2	0	8	2	1	1	0	6
Saint Paul, Minn.	0	0	0	0	6	0	7	0	1	0	0	33
Salt Lake City, Utah	0	0	1	1	35	0	0	0	2	0	0	10
San Antonio, Tex.	0	0	1	0	4	0	1	0	1	0	0	0
San Francisco, Calif.	0	0	1	0	39	0	7	0	2	0	1	9
Savannah, Ga.	0	0	0	0	0	0	2	0	0	0	2	0
Seattle, Wash.	0	0	0	0	41	0	4	0	0	0	0	13
Shreveport, La.	0	0	0	0	0	0	0	2	0	0	1	0
South Bend, Ind.	0	0	0	0	1	0	0	0	0	0	0	5
Spokane, Wash.	0	0	0	0	7	0	3	0	0	0	0	10
Springfield, Ill.	0	0	0	0	0	0	1	0	2	0	0	17
Springfield, Mass.	0	0	0	0	14	0	0	0	2	0	0	1
Superior, Wis.	0	0	0	0	1	0	0	0	0	0	0	0
Syracuse, N. Y.	0	0	0	0	21	0	3	0	0	0	1	31
Tacoma, Wash.	0	0	0	0	16	1	0	0	0	0	0	3
Tampa, Fla.	0	0	0	0	0	0	0	0	0	0	0	0
Topeka, Kans.	0	0	0	0	3	0	0	0	5	0	0	4
Trenton, N. J.	0	0	1	1	0	0	2	0	0	0	0	2
Washington, D. C.	0	0	0	0	2	0	5	0	6	0	0	12
Wheeling, W. Va.	0	0	0	0	0	0	0	0	0	0	0	9
Wichita, Kans.	0	0	0	0	0	0	3	0	1	0	0	13
Wilmington, Del.	0	0	0	0	0	0	3	0	0	0	0	2
Wilmington, N. C.	0	0	0	0	0	0	4	0	0	0	0	42
Winston-Salem, N. C.	0	0	0	0	0	0	0	0	0	0	0	0
Worcester, Mass.	0	0	0	0	0	1	4	0	1	0	0	44

*Dysentery, amebic.*—Cases: Baltimore, 2; New York, 1; San Francisco, 2.

*Dysentery, bacillary.*—Cases: Baltimore, 3; Cleveland, 1; Detroit, 2; Los Angeles, 3; Nashville, 2; New York, 12; Philadelphia, 1; Richmond, 4; San Francisco, 1.

*Leprosy.*—Cases: New Orleans, 1.

*Rocky Mountain spotted fever.*—Cases: Birmingham, 1; St. Louis, 1.

*Typhus fever.*—Cases: Charleston, S. C., 5; Galveston, 1; Houston, 3; New York, 2; Savannah, 1.

Rates (annual basis) per 100,000 population, for the group of 88 cities in the preceding table (estimated population, 1942, 34,060,596)

Period	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
		Cases	Deaths						
Week ended Aug. 1, 1942	5.21	5.05	0.31	76.24	36.44	28.78	0.15	3.52	220.75
Average for week 1937-41	9.90	4.02	1.55	102.12	39.92	39.76	0.62	8.05	221.72

<sup>1</sup> Median.

## PLAGUE INFECTION IN BEAVERHEAD COUNTY, MONTANA

Plague infection has been reported proved in 2 specimens from ground squirrels (*C. columbianus*) collected in Beaverhead County, Montana, as follows: July 14, in a pool of 17 fleas and 5 ticks from 25 ground squirrels taken 15 miles northwest of Wisdom, on the north

fork of the Bighole River; July 15, in tissue from 1 ground squirrel taken 3 miles northwest of Bighole Battlefield, on Trail Creek.

#### **TERRITORIES AND POSSESSIONS**

##### **Hawaii Territory**

Plague (rodent).—During the week ended July 25, 1942, 2 rats found in Honokaa, Paauhau area, Hamakua District, Island of Hawaii, were proved positive for plague.

## FOREIGN REPORTS

### CANADA

*Provinces—Communicable diseases—Week ended July 18, 1942.*—During the week ended July 18, 1942, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis		3	2	3	8				1	17
Chickenpox		2	3	27	72	26	3	10	42	185
Diphtheria		10		32	2	2	2	1	1	50
Dysentery				22						22
German measles				1	9	1			10	21
Influenza									1	1
Lethargic encephalitis										1
Measles		3		82	120	25	19	10		270
Mumps		20	1	11	118	11	37	6	187	391
Pneumonia					6				2	8
Poliomyelitis		3	1	2	2					8
Scarlet fever	1	4	2	45	79	15	13	18	19	196
Tuberculosis	2	9	7	122	70		14		46	270
Typhoid and paratyphoid fever		1	1	14	4				1	21
Undulant fever				1	2					3
Whooping cough		10	2	132	48	6		7	30	235
Other communicable diseases				2	242	29			3	276

### SWITZERLAND

*Notifiable diseases—March 1942.*—During the month of March 1942, cases of certain notifiable diseases were reported in Switzerland as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	24	Paratyphoid fever	15
Chickenpox	149	Poliomyelitis	5
Diphtheria	141	Scarlet fever	199
Epidemic encephalitis	1	Trachoma	1
German measles	94	Tuberculosis	324
Influenza	497	Typhoid fever	11
Measles	780	Undulant fever	13
Mumps	213	Whooping cough	71

### REPORTS OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER RECEIVED DURING THE CURRENT WEEK

NOTE.—Except in cases of unusual prevalence, only those places are included which had not previously reported any of the above-mentioned diseases, except yellow fever, during the current year. All reports of yellow fever are published currently.

A cumulative table showing the reported prevalence of these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

(Few reports are available from the invaded countries of Europe and other nations in war zones.)

**Typhus Fever**

*Algeria.*—During the period July 1–10, 1942, 742 cases of typhus fever were reported in Algeria.

*Morocco.*—During the week ended July 25, 1942, 250 cases of typhus fever were reported in Morocco.

*Rumania.*—During the week ended August 1, 1942, 13 cases of typhus fever were reported in Rumania.

*Spain.*—During the week ended July 11, 1942, 7 cases of typhus fever were reported in Spain.

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